

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90006 014 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # K67166 1. Corporation Name PARK AVENUE GALLERY, INC.																																																																																																																																									
Principal Place of Business 136 PARK AVENUE SOUTH WINTER PARK FL 32789 US			Mailing Address 136 PARK AVENUE SOUTH WINTER PARK FL 32789 US																																																																																																																																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/21/1989 4. FEI Number 59-2987649 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No																																																																																																																																					
9. Name and Address of Current Registered Agent SCHIED, ROY P 136 PARK AVENUE SOUTH WINTER PARK FL 32789			10. Name and Address of New Registered Agent 81 Name ELIZABETH SCHIED 82 Street Address (P.O. Box Number is Not Acceptable) 605 MARKET ST., STE 120 83 84 City CELEBRATION FL 85 Zip Code 34747																																																																																																																																						
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE <u>Elizabeth Schied</u> DATE 8-13-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>SCHIED, ROY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>136 PARK AVENUE SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P	☒ DELETE	NAME	SCHIED, ROY P		STREET ADDRESS	136 PARK AVENUE SOUTH		CITY-ST-ZIP	WINTER PARK FL 32789		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>PRES.</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>ROY P. SCHIED</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>605 MARKET ST., STE 120</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>CELEBRATION, FL 34747</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>V. PRES.</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>ELIZABETH SCHIED</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>605 MARKET ST., STE 120</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>CELEBRATION, FL 34747</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	PRES.	☐ Change ☒ Addition	1.2 NAME	ROY P. SCHIED		1.3 STREET ADDRESS	605 MARKET ST., STE 120		1.4 CITY-ST-ZIP	CELEBRATION, FL 34747		2.1 TITLE	V. PRES.	☐ Change ☒ Addition	2.2 NAME	ELIZABETH SCHIED		2.3 STREET ADDRESS	605 MARKET ST., STE 120		2.4 CITY-ST-ZIP	CELEBRATION, FL 34747		3.1 TITLE		☐ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		☐ Change ☐ Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		☐ Change ☐ Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <u>Elizabeth Schied</u> DATE 8-1-99 DAYTIME PHONE # 407 644 1545 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																									

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