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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

P92000006146 (4)

FRAME FACTORY AND GALLERY OF FLORIDA, INC. Maling Address Principal Place of Business 2053 ALOMA AVENUE 2063 ALOMA AVENUE WINTER PARK FL 32792 WINTER PARK FL 32792 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 11/17/1992 4, FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3162991 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country Zio Florida Statutes Yes No 24 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent ZINGER, GEORGE R 82 445 WEST STATE ROAD 436 83 **ALTAMONTE SPRINGS FL 32714** 4 winter R 84 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am families with a Laccept the obligations of Section 607.0505, Florida Statutes. 4-29-96 mxx SIGNATURE INDIE Berg berid Apert signature CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS 13. 12. DELETE 1.1016 TITLE ZINGER, DAWN R. 1.2 NAM6 NAME 2100 BEACON HILL CT 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL CHTY-ST-ZIF 1.4 CHY - ST-ZIP DELETE ☐ Addit on 2 1 TITLE TITLE ZINGER, GEORGE R 2.2 NAME NAME 3762 DUNWICH AVENUE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 2 4 CITY - ST - Z(F CITY - ST - ZIP Change DELETE Addition TITLE 3 1 1111.5 zinger. Mary M 3.2 NAME NAME 3762 DUNWICH AVENUE 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4 O(IY - ST - Z)P CITY - ST - ZIP ■ Addition ☐ Change DELETE 4 1 71"LE THILE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition ☐ DELETE 5.1116.6 TITLE 5.2 NAM NAME 5.3 STREET ADORESS STREET ADDRESS 5 4 CITY - \$1 - ZIP CITY-ST-ZiP DELETE Change Addition 6 1 111116 THILE 6.2 NAME NAME € 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 eath; that I am an officer or director of the comparation 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 on an attachment with an address

SIGNATURE:

CHTY-ST-ZIP

OFFICER OF DIRECTOR

4/29/96 407-322-1012