PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

| DO | CI. | IN A | EV | IT |
|----|-----|------|----|----|

1. Corporation Name

P93000002245 (7)

FUNDORA ART GALLERY CORP.

Principal Place of Business Mailing Address

1034000 OVERSEAS HIGHWAY
KEY LARGO FL 33037
US

Mailing Address

1034000 OVERSEAS HIGHWAY
KEY LARGO FL 33037
US



| 05  |   |                                  | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1993 04/21/1995 |   |  |  |              |               |                   |  |  |
|---|---|----------------------------------|---|---|--|--|--------------|---------------|-------------------|--|--|
| 2. Principal Place of Business                  |   | 2a. Mailing Address              | 2a. Mailing Address   |   |  | 4. FEI Number  | 1            | <del>ii</del> | Applied For       |  |  |
| 21  | 21 26   |                                  |   |   |  | 65-0385885   |              |               | Not Applicable    |  |  |
|   | Suite, Apt. #, etc. Suite, Apt. #, etc.             |                                  |   |   |  | 5. Certificate of Status Desired   |              | \$8.7         | 5 Additional      |  |  |
| 27  |   |                                  |   |   | 5. Certificate of Status Desired             |  |              | Required      |                   |  |  |
| City & State City & State                       |   |                                  |   |   |  | 6. Election Campaign Financing   |              | \$5.          | 00 May Be         |  |  |
| 23  |   | 28                               |   |   |  | Trust Fund Contribution  |              |               | led to Fees       |  |  |
| Zip   | Country   | Zφ                               | Coun  | try   |  | 8. This corporation has liability for in   | ntangible ta | x under       | s 199.032,        |  |  |
| 24 25 29 30                                     |   |                                  | 30  |   |  | Florida Statutes Yes No  |              |               |                   |  |  |
| 9. Name and Address of Current Registered Agent |   |                                  |   |   | 10. Name and Address of New Registered Agent |  |              |               |                   |  |  |
|   |   |                                  |   | 31  | Name   |  |              |               |                   |  |  |
|   | ORA, THOMAS   |                                  | Ē   | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |              |               |                   |  |  |
|   | CAMELOT DRIVE                                       |                                  | L   |   |  |  |              |               |                   |  |  |
| TAVE  | RNIER FL 33070                                      |                                  | [8  | 33  |  |  |              |               |                   |  |  |
|   |   |                                  | -   | 34  | City   |  |              | 85 2          | Zip Code          |  |  |
|   |   |                                  |   |   | •  |  | FL           | 1             |                   |  |  |
| 11. Pursuant                                    | to the provisions of Sections 607.050               | 2 and 607.1508, Florida Statute  | s, the above  | e-na  | amed corpora                                 | ation submits this statement for the purp<br>d of directors. I hereby accept the appoi | ose of cha   | nging its     | registered office |  |  |
| familiar w                                      | vith, and accept the obligations of, Sec            | tion 607.0505, Florida Statutes. | ed by the co  | rpo   | pration's board                              | of directors. I hereby accept the appoint  | intment as   | registere     | od agent. I am    |  |  |
| SIGNATURE                                       |   |                                  |   |   |  |  |              |               | İ                 |  |  |
|   | Signature, typed or printed name of registered agen |                                  | E. Registered A   | gent  | signature required i                         | when reinstating)  | DATE         |               |                   |  |  |
| 12.   |   | ID DIRECTORS                     | 13.   |   |  | ADDITIONS/CHANGES TO OFFIC   | CERS AND     | DIRECT        | ORS IN 12         |  |  |
| TITLE   | PD  | ☐ DELETE                         | 1. 1 TITL   | Ę   |  |  |              | Change        | Addition          |  |  |
| NAME  | FUNDORA, THOMAS                                     |                                  | 1.2 NAM   | lE  |  |  |              |               |                   |  |  |
| STREET ADDRESS                                  | 250 CAMELOT DRIVE                                   |                                  | 1.3 STRE  | EET A   | ADDRESS                                      |  |              |               |                   |  |  |
| CITY-ST-ZIP                                     | TAVERNIER FL 33070                                  |                                  | 1.4 CiTY  | - \$1   | - ZIP  |  |              |               |                   |  |  |
| 11116   | VD  | ☐ DELETE                         | 2. 1 TITL   | .F  |  |  |              | ] Change      | ☐ Addition        |  |  |
| NAME  | FUNDORA, MARY MAI                                   | 4NA                              | 2.2 NAM   | İΕ  | ĺ  |  |              |               |                   |  |  |
| STREET ADDRESS                                  | 250 CAMELOT DRIVE                                   |                                  | 2 3 STRE  | EET A   | ADDRESS                                      |  |              |               |                   |  |  |
| CITY-ST-7IP                                     | TAVERNIER FL 33070                                  |                                  | 2 4 CITY  | -ST   | - ZIP  |  |              |               |                   |  |  |
| TITLE   |   | DELETE                           | 3. 1 TITL   | .Ę  |  |  |              | ] Change      | ☐ Addition        |  |  |
| NAME  |   |                                  | 3.2 NAM   | E   | İ  |  |              |               |                   |  |  |
| STREET ADDRESS                                  |   |                                  | 3.3 STR   | EET /   | ADDRESS                                      |  |              |               |                   |  |  |
| CITY-ST-ZIP                                     |   |                                  | 3 4 CITY  | -\$1  | - 21P  |  |              |               |                   |  |  |
| TITLE   |   | ☐ DELETE                         | 4. 1 TITL   | E   |  |  | Ē            | ] Change      | ■ Addition        |  |  |
| NASE.   |   |                                  | 4.2 NAM   | E   |  |  |              |               |                   |  |  |
| STREET ADDRESS                                  |   |                                  | 43 STRE   | ET A  | ADORESS                                      |  |              |               | -                 |  |  |
| CITY - S1 - ZIP                                 |   |                                  | 4.4 City  | - ST  | - 712  |  |              |               | i                 |  |  |
| TITLE   |   | ☐ DELETE                         | 5 1 TiTL  | Ę   |  |  |              | ) Change      | ☐ Addition        |  |  |
| NAMÉ  |   |                                  | 52 NAM  | E   |  |  |              |               |                   |  |  |
| STREET ADDRESS                                  |   |                                  | 5.3 STRE  | ET A  | ADDRESS                                      |  |              |               |                   |  |  |
| CHTY-ST-ZIP                                     |   |                                  | 5.4 D/TY  | - ST-   | - ZIP  |  |              |               |                   |  |  |
| TITLE   |   | ☐ DELETE                         | 6 1 TiTL  |   |  |  |              | Change        | Addition          |  |  |
| NAME  |   |                                  | 6.2 NAM   |   |  |  | _            |               | _                 |  |  |
| STREET ADDRESS                                  |   |                                  | 6 3 STRE  |   | ADDRESS                                      |  |              |               | İ                 |  |  |
| CITY-ST-ZIP                                     |   |                                  | 6.4 CITY  |   |  |  |              |               |                   |  |  |
|   | <u> </u>  |                                  | 0.7 (111  | . 01  | A.11   |  |              |               |                   |  |  |

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)(k), 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

SAR THE SECURE OF BIOMAN OF SIGNING OFFICER OF DIRECTOR

4/18/96

447-2200

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CR2E034 (12/95