Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90164 023 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002245

FUNDOF	RA ART GALLERY CORP.						
	•						i i i i i i i i i i i i i i i i i i i
Principal Place of Business Mailing Address					I (SANGAT IIS ISISE TITLE SANG SANG SANG	TRIIA ISBUR IIDII	4.941 4111 1341
103400 OVERSEAS HIGHWAY 103400 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037							
us \			DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualified 01/06/1993 	,	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0385885		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Stat	8 .	City & State	 سر	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be
Zip	Country	Zip	Country		8. This corporation owes the current year Ini	tangible	
24	25 29 30				Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	-	Nema	10. Name and Address of New Registered	Agent	
FUNI	DORA, THOMAS		81	Name			
205 CAMELOT DRIVE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
j-	ERNIER FL 33070		83				
			84	1	FLFL	-	Code
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.							registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agen	t signature requir	ed when reinstating) DATE		 [
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE 1.1 TO				Change	☐ Addition
NAME	FUNDORA, THOMAS 1.2 N		1.2 NAME				
STREET ADDRESS	250 CAMELOT DRIVE 1.35		1.3 STREET	FADDRESS			
CITY-ST-ZIP	TAVERNIER FL 33070		1.4 CITY-S	T-ZIP			
TITLE	VD □ DELETE 2.1 TI		2.1 TITLE			Change	☐ Addition (
NAME	FUNDORA, MANNY 2.2 N		2.2 NAME				
STREET ADDRESS	##		2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME		<u> </u>	3.2 NAME				
STREET ADDRESS		:	3.3 STREET	FADDRESS			
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP		☐ Change	Addition
TITLE			4.1 TITLE			Change	[_] Addition
NAME		•	4.2 NAME				1
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE.			5.1 TITLE 5.2 NAME	ł		□ ∆uange	
NAME				TADODESS			
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	The state of the s		5.4 CITY-S 6.1 TITLE	1-417		Change	Addition
TITLE	1		62 NAME			change	

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 peeurate 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP