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



## Sandra B. Mortham

COF	PROFIT • RPORATION JAL REPORT 1998	FLORIDA DEPART  Sandra B.  Secretary  DIVISION OF CO	Mortham of State	May 15 19 Secretary	
ERIC I	FLORENCE GALLERY, INC.	004880 (9)  Mailing Address			
A 354 SUITE 444		900 PARK CENTRE BLVD. SUITE 444 MIAMI FL 33169		DO NOT WRITE IN THI  3. Date incorporated or Qualified  01/21/1993	S SPACE
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 65-0382175	Applied For Not Applicable
Sulte, Apt. #, etc.         Suite, Apt. #, etc.           22         27			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip	Country 30	This corporation owes or has paid the corporation owes.      This corporation owes or has paid the corporation owes.	Yes No
9. Name and Address of Current Registered Agent SALEM, ERIC 1855 GRIFFIN ROAD SPACE A-354 DANIA FL 33004			81 Name 82 Street Add 83 84 City	10. Name and Address of New Registere iress (P.O. Box Number is Not Acceptable)	85
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					
12.	Signature, typed or printed name of registered agent a OFFICERS AND D		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	DPT SALEM, ERIC 900 PARK CENTRE BLVD., SUIT	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ASSITION OF THE CONTROL OF THE CONTR	ND DIRECTORS IN 12 Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33169  DVS SALEM, FLORENCE 900 PARK CENTRE BLVD., SUIT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	MIAMI FL 33169		2. 4 CITY - ST - ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		OELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-7/P		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 YITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP		Change Addition

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 foceiver 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 attact next system.

**FILED**