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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000016788 (0)

GALLERY OF LIVING ART INC.

**FILED** Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- S TABLICO I SIN FRIED JINI ARNI ARNI BRIN BRIN BRIS INGIR RISH IRAK SAMA (2018)
1135 NE 4TH	1135 NE 4TH AVE. 716 NE 26TH ST.				
FT. LAUDERDALE FL 33304		WILTON MANORS FL 33305			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 03/05/1993
2. Principal Place of Business		2a. Mailing Address		,	4. FEI Number Applied For
21		26			65-0455239 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23	······································	28	1		Trust Fund Contribution Added to Fees
Žφ	Country	Z(p	Count	ry	6. This corporation owes or has paid the current year Intangible
24	j25j 9. Name and Address of Curre	29	30		Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent
N.I		iir vediniaian wähiit	8	1 Name	10. Name and Address of New Registered Agent
DURRENMATT, RUTH 716 NE 26TH ST.				· Manne	
	TON MANORS FL 33305		82 Street Addre		dress (P.O. Box Number is Not Acceptable)
VVIL	TOR MARONS PE 33303		8	2	
				~	
			8	4 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050	02 and 607 1508. Florida Stati	ites the abo	ve-named corr	poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familier with, and accept the oblig	e of Florida. Such change was	authorized !	by the corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typind or protect name of registered as	and the same of th		gent signature requi	ilred when reinstating) DATE
12.	P	ID DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	DURRENMATT, RUTH	CJ occur	1.2 NAM	1	C) Criange C) Addition
STREET ADDRESS	716 NE 26TH ST.			ET ADORESS	
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	GEISSLER, ULRICH		22 NAM		Charge E hadrigh
STREET ADDRESS	716 NE 26TH ST.			ET ADDRESS	
CITY-SI-ZIP	WILTON MANORS FL 33305		2 4 CITY		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			32 NAM	E	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			3 4. CITY		
TATLE		DELETE	4.5 THLE		Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP		<u> </u>	4.4 CITY	-ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	et address	
CITY-ST-ZIP	·		5.4 CITY	-ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAMI	:	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	-ST - ZIP	

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 charged, or on an attachment with an address.

SIGNATURE: