PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027331

1. Corporation Name

STREET ADDRESS

City-St-ZIP

FIRST STREET GALLERY, INC.

Principal Place of Business Mailing Address					# 1985/1981 118 #8189 15314 88111 00411 40114 88114 51011 40000 31180 14381 1581 1681	
204 FIRST STREET, NW 204 FIRST STREET, NW						
HAVANA FL 32	333	HAVANA FL 32333				DO NOT WRITE IN THIS SPACE
us us						3. Date Incorporated or Qualifed
						04/14/1993
2. Principal Place of Business 2a. Mailing Address					•	4. FEI Number Applied For
	Principal Flace of business 26					59-3211225 Not Applicable
21 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Suite, Apt, #, etc.				\$8.75 Additional
22	-	27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip C		Cou	Country		8. This corporation owes the current year Intangible
24	25	25 29 30		Total Topally Tax		
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registered Agent
FOL	TEONACUT VENNETU			81	Name	
ECHTERNACHT, KENNETH 3220 SHARER RD.				82 Street Address (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32312					
IAU	LATIASSEE TE SESTE			83		
				84	City	85 Zip Code
		4500 51 11 0		Ļ		FL ,
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						wotured when reinstating) DATE
			Registered	Agent	signature rea	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P OFFICERS ANI	D DELETE	1.1 TITLE			Change Addition
NAME	ECHERNACHT, KEN		1.2 NAME			Echternacht, Kenneth Gpelling
STREET ADDRESS	AAAA ALLI OEA DAAD		1.3 STREE		ADDRESS	Ecolification / Louisein Obelling 18
	TALLAHASSEE FL		1.4 CITY-5			Correction)
CITY-ST-ZIP TITLE	VP VP	☐ DELETE	2.1 TITLE			Change ☐ Addition
NAME	CUMMISKEY, WENDY	_	2.2 NAME			
STREET ADDRESS	ACCO MICONITON BOAD		2.3 STREE		ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	•		ITY-51	- 1	
TITLE	SC	☐ DELETE	3.1 TITLE		-	· - Change Addition
NAME	MARANI, JEAN		3.2 NAME			
STREET ADDRESS	AAAA MEDIDIAN DD	,		REET	ADDRESS	
CITY-ST-ZIP	T		3.4. C	TY-S1	r-ZIP	
TITLE	T	DELETE	4.1 TT	TLE		Treasurer Addition
NAME	SAMPSON, JOEL	• •	4. 2 NA			#Echternacht, Gloria
STREET ADDRESS	AGG ELGE MILOTON OT		4.3 S1	4.3 STREET ADDRESS		3220 Sharer Road
CITY-ST-ZIP	QUINCY FL	•	4.4 CIT		-ZIP	3220 Sharer Road Tallahassee, FL 92312
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 N	WE	ĺ	
STREET ADDRESS			5.3 S1	REET	ADDRESS	
CITY-ST-ZIP			_	TY-ST	-ZIP	
TITLE		☐ DELETE	6.1 TJ	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME	1	
STREET ANNAESS			6.3 ST	REET	ADDRESS	•

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 of 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 of business 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 affact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

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Leunetle Editernacht **SIGNATURE**

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90068 014 ***150.00