

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 # P93000064388

1. Corporation Name
GALLERY ANNEX, INC.

Principal Place of Business

411 E. ATLANTIC AVE.
SUITE #103
DELRAY BEACH FL 33483
US

Mailing Address

411 E. ATLANTIC AVE.
SUITE #103
DELRAY BEACH FL 33483
US

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90277 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

58-2071854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 6073 Golf Vista Way

2a. Mailing Address

26 6073 Golf Vista Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Boca Raton, Fl

City & State

28 Boca Raton, Fl

Zip Country

24 33433

25

Palm Beach

29 33433

30

Palm Beach

9. Name and Address of Current Registered Agent

ZWIEBEL, ERIC B
2455 E SUNRISE BLVD
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TOMIN, JOANNE
STREET ADDRESS 411 E. ATLANTIC AVE., #103
CITY-ST-ZIP DELRAY BEACH FL

TITLE VS ☐ DELETE

NAME TOMIN, GEORGE
STREET ADDRESS 411 E. ATLANTIC AVE., #103
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TOMIN, JOANNE
1.3 STREET ADDRESS 6073 Golf Vista Way
1.4 CITY-ST-ZIP Boca Raton, Fl 33433

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TOMIN, GEORGE
2.3 STREET ADDRESS 6073 Golf Vista Way
2.4 CITY-ST-ZIP Boca Raton, Fl 33433

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joanne J. Tomin 4-23-99 561-274-9286

Date

Daytime Phone #

CR2E034 (11/98)