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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400004632 (3)

THE GIVING TREE WOOD GALLERY, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			1 10011001 118 10111 01011 00111 88111 00111	00111	
		P.O. BOX 156 SARASOTA FL 34236 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
9 Principal C	liese of Duckness	TAL MAYOR AND TO SERVICE A SERVICE ASSESSMENT OF THE SERVICE ASSESSMEN			01/20/1994		
2. Principal Place of Business 22. Mailing Address 21 5N BUND OF PRESIDENTS 26					4. FEI Number	Applied For	
21 5 10 10 10 10 10 10 10			·		65-0465523	Not Applicable	
27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Zip Country Zip		Countr	у	8. This corporation owes or has paid	the current year Intangible		
24 34	34 280 25 SAFAF 20TTI 29 30		30	Personal Property Tax due June 30. Yes No			
ļ	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
G0	LD\$MITH, STANLEY A		81	Name			
1605 MAIN STREET SUITE 1001			82	Street Addi	ddress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236			B3	<u> </u>			
			84	City		Ing. 7:0 Code	
			İ	'		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: Register				ent signature requir	ed when reinslating)	DATE	
12.			13.	·	ADDITIONS/CHANGES TO OFFICE		
TATLE	D MADIMO TERROVAL		1.1 TITLE		•	Change Addition	
NAME OTOTET ADODESO	AAAF IIIIII ATAFFT HAAA		1.2 NAME				
STREET ADDRESS	OADAGGTA EL GAGGG			T ADDRESS		J.	
CITY-ST-ZIP TITLE			1.4 CITY-:	ST-ZIP		Change Addition	
NAME	MARINA DEBARANA		2.2 NAME			C cliange C Addition	
STREET ADDRESS	1605 MAIN STREET #1001			T ADDOCCC			
CITY-ST-ZIP	SARASOTA FL 34236		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP				
TITLE	DELETE		3.1 TITLE	51-ZIF		Change Addition	
NAME			3.2 NAME			Annual Control	
STREET ADDRESS	NORESS			I ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE			4.1 TITLE			Change Addition	
NAME	4.21		4. 2 NAME	1			
STREET ADDRESS	NESS 435		4.3 STREE	ADDRESS		i	
CITY-ST-ZIP			4.4 CITY-5				
TITLE		DELETE	5.1 T(7LE			Change Addition	
NAME	5.2.*		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5				
TITLE			6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS		!	
CITY-ST-ZIP			6.4 CITY - 5	IT-ZIP			

14. Thereby 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 coefficient 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.