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

Mailing Address

#12 TWELVE OAKS TRAIL ORMOND BEACH FL 32174-8519

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

ORMOND BEAHC FL 32174

47 W GRANADA BLVD



appears in Block 12 or Block 13 if changed, or on an attachment with an address

Swame mad

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

(96/6)

**CR2E034** 

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400006492 (0)

CORSHAM COURT DESIGN GALLERY, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1994 02/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3228326 Not Applicable 21 26 Suite, Apt. #, etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY **1201 HAYS ST** Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 flam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Typed or protect hair eleftege kind agent all ditte ill approprie (NOTE\_flogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PTS DELETE Change Addition MILE 3.1 TITLE BRADLEY-THOMPSON, SUZANNE NAME 1.2 NAME 12 TWELVE OAKS TRAIL 1.3 STREET ADDRESS STREET ADDRESS ORMOND BEAHC FL 1.4 CITY - \$1 - ZIP  $C(T\, Y\cdot S^{\, T}\cdot Z)^{p}$ Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME ٠,, STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHY-ST-ZIP CHTY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST- ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CIDV.SI.70 4.4 CITY - ST - ZIP DELETE Change Addition THRUE 5.1 TITLE NAME 5.2 NAME 5.9 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-S1-2iP ☐ DELETE Change Addition DILE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STEERT ADDRESS CITY-ST-ZIE 6.4 CITY - ST - ZIP 14. If do hereby certify that the informal on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informal or indicated or 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 efficiency of drector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name