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PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1998 8:00am

Secretary of State

CR2E034 (10/9)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000006492 (0)

CORSHAM COURT DESIGN GALLERY. INC. Principal Place of Business Mailing Address 47 W GRANADA BLVD #12 TWELVE OAKS TRAIL ORMOND BEAHO FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1994 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 2a. 59-3228326 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** CORPORATION SERVICE COMPANY Name *1201 HAYS ST 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 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 of corporation submits this statement for the purpose of changing its registered of corporation submits this statement for the purpose of changing its registered spent; a referred 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, a referred agent, and the state of Florida Statutes.

State of the provisions of Sections 607.0502 and 607.0505, Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes.

State of the state of Florida Statutes are supplied by the corporation submits this statement for the purpose of changing its registered agent. The state of Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes.

State of Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes are supplied by the corporation's board of directors. I hereby accept the appointment as registered agent and the state of Florida Statutes are supplied by the corporation's board of directors. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1.1 TITLE ☐ Change TITLE BRADLEY-THOMPSON, SUZANNE NAME 1.2 NAME 12 TWELVE OAKS TRAIL STREET ADORESS 1.3 STREET ADDRESS ORMOND BEAHC FL CITY-ST-ZIP 1.4 City - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 1ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. City-St-ZIP ■ DELETE ☐ Change Addition TATLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 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.

6.4 CITY-ST-ZIP