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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P94000012224 (9) GALLERIA 16 ANTIQUES, INC. Principal Place of Business Mailing Address 6506 CONTEMPO LANE 6506 CONTEMPO LANE **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 8729 FAGLE RUN DRIVE 8729 EAGLE RUN DRIVE 65-0465858 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BOCK RATUN BOIA RATION Trust Fund Contribution Added to Fees Zıp Country Country Zιρ 8. This corporation owes or has paid the current/year intangible USA 33434 USA 24 3343 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent FRIEDMAN, SUSAN RICOMAN, SUSAN 6506 CONTEMPO LN (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33433** EAGLE 83 84 BOCK RATION and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons of Section 607.0505. Florida Statutes. 11. Pursuant to the provisions of OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change FREDMW, SUSAN NAME FRIEDMAN, SUSAN 1.2 NAME 8729 FAGIC RUN DRIVE 6506 CONTEMPO LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** BOCK RATON, FL 33434 CITY-ST-21P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP 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 Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 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 comporation or the receiver or frustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cytinged, or on an attachaged with an address. SIGNATURE

Addition

5.4 CITY - ST - ZIP

**63 STREET ADDRESS** 

6.1 TITLE

6.2 NAME

DELETE