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

PROFIT CORPORATION ANNUAL REPORT

1997

TONNALEIA



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400030245 (2)

OFFICE GALS, INC.

Principal Place of Business

Mailing Address

4737 B PALM BEACH BLVD. FT MYERS 33 905 4737 B PALM BEACH BLVD. FT MYERS 33 905

## FILED Apr 28 1997 8:00am Secretary of State



										3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1994 04/30/1996						
2. Principal Place of Business				2 <i>8</i>	2a. Mailing Address					<b>4.</b> Fi	El Number 65-0484124		l <del>-</del> `		Ap	pplied For of Applicable
Sulte, Apt. #, etc.					Suite, Apt. # etc.						Certificate of Sta					Additional
City & State					City & State						6. Election Campaign Financing \$5.00 May Be					
Zip Country				28	7ip			Country			Trust Fund Contribution LJ Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,					
24	25				29 30					Florida Statutes X Yes   10. Name and Address of New Registered As				☐ No		
LVAI			Address of Current	Regi	stered A	gent		81	Name	10. N	lame and Add	ress of New	Registere	d Agen	<u>t</u>	
LYONS, TONNALEIA 4737 B PALM BEACH BLVD. FT MYERS FL 33905										Street Address (P.O. Box Numbor is Not Acceptable)						
								84	City		<del></del>		F	85	Zip (	Dode
office or r	registered ag	gont,	of Sections 607.0502 or both, in the State o nd accept the obligat	of Hor	ida. Suct	i change was i	authorize	d by	the corpo	orporation s oration's bos	submits this sta ard of directors	atement for this. I hereby ac	he purpose scept the ap	of char opointm	nging it ient as	s registered registered
SIGNATURE	Signature, typed	or prir	ited name of registered agent	and M	e Lajplicab	e (NOI	I : Rugistere	o Age	nt signature rea	equired whon re-	nslating)		DATE		<del>-</del>	
12.			OFFICERS AND	DIRE	CTORS		13.			AD	DITIONS/CHA	NGES TO OF	FFICERS A			
TITLE	PD					☐ DELETE	1.1 T	ITLE							hange	Addition Addition
NAME	LYONS, TONNALEIA							1.2 NAME								
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NAME							6.2 N									
STREET ADDRESS									ADDRESS							
CITY-ST-ZIP	by certify the	at the	information supplied	with I	this filing	does not qual	ly for the	IIY-S	mption sta	ited in Secti	ion 119.07(3)(i	) Florida Sta	tutes. I furth	er gerl	fy that	the
informatio	on indicated ifficer or dire	on th ctor (	is annual report or so of the corporation or t ck 13 if changed, or	ippler the re	nental an ceiver or	nua! report is : trustee empoy	true and vered to :	accu	trate and th	hat my sign	ature shall hav	e the same I	legal effect	as if ma	ade une	der oath, that

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