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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P94000031613

DOCUMENT # 1. Corporation Name

SUMMERS GALLERY & GIFTS, INC.

Principal Place of Business

Mailing Address

93 S. DESOTO ST.

14116 E/

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90273 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

	y 141203, 1-12 3	. , .		3. Date Incorporated or Qualified  APRIL 25, 199	ì <b>4</b>	
2. Principal Place of Business 21 935. DESDTO 57	2a. Mailing Address	o TO :	sī,	4. FEI Number 59-3241789	Ap	plied For t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State  13 BEVERLY 13 (LLS) FO	City & State 28 BEVERLY H	iLLS,	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip Country  4 34465 25 U.5A	Zip 29 34465 30	Country U.5		This corporation owes the current year Personal Property Tax.		ĭ <b>⊠</b> No
9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Register	ed Agent	
Raymona		81	Name			
RAYMOND A. SIMPSON 93 S. DESUTO ST.		82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
BEVOLY HILLS, IEL 34465		83				
		84	City	F	85 Zip 0	Code
SIGNATURE Signature, Apped or printed name of registere	SEC-7725 ad agent and title if applicable. (NOTE: Reg	RAYN	nuno	A. Simpson 4-1	19-95	
,	au agent and title it applicable. (110 TE, 110)	gistereu Agen	t signature require			
	S AND DIRECTORS	13.	t signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12. OFFICERS	<del></del>		t signature require			
12. OFFICERS	S AND DIRECTORS	13.	t signature require		AND DIRECTO	
12. OFFICER:  TITLE PRESIDENT  NAME TAVET 6. 5.	S AND DIRECTORS  DELETE	13.			AND DIRECTO	
12. OFFICERS  TITLE PRESIDENT  NAME PROSIDENT  STREET ADDRESS 935, DESUTE  CITY-ST-ZIP BEVENLY HILLS	S AND DIRECTORS  DELETE  ST.  1 1=L 34465	13. 1.1 TITLE 1.2 NAME	ADDRESS		AND DIRECTO	☐ Addition
12. OFFICER:  TITLE PLESIDENT  NAME  VANCT G. SI  STREET ADDRESS 935. DESU:  CITY-ST-ZIP  BEVENLY MILLS  TITLE  5/T	S AND DIRECTORS  DELETE  ST.  JEC 34465  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		AND DIRECTO	Addition
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12. OFFICER:  TITLE PLESIDENT  NAME PASIDENT  ANET S. SI  CITY-ST-ZIP BEVENLY HILLS  TITLE S/T  NAME PAYMOND A.  STREET ADDRESS 93 5. DESUT	S AND DIRECTORS  DELETE  DELETE  ST. 34465  DELETE  DELETE  ST. MASCIN  TO ST.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS 1-ZIP		AND DIRECTO	Addition
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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 one material 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 one material 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 one material 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

527-0871

Change

Change

Addition

Addition