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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000081623

Corporation Name

THE INDABA GALLERY, INC.

Date of the state						- I (##1/6#) jim imiti pikti dotti datti batti metat (mint tibin datti inan titti tan				
Principal Place of Business Mailing Address										
2029 HARRISON STREET 2029 HARRISON STREET										
UNIT 6 HOLLYWOOD FL 33020		UNIT 6 HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
							11/07/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number		Applied For	
21		26				<u> </u>	65-0532206		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5.	Certificate of Status Desired		Additional Required	
City & State	<u> </u>	City & State	* . : *	_		6	Election Campaign Financing	\$5.00	May Be	
23		28				-	Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	y		8.	This corporation owes the current year Inta	ngible		
24	25	29	30			•		Yes	□No	
	9. Name and Address of Curren		1	_		10.	Name and Address of New Registered A	gent		
			8	1	Name		,			
KAN	tor, seymour			1						
2029	HARRISON STREET		83	2	Street Addres	t Address (P.O. Box Number is Not Acceptable)				
UNIT			8:	3						
HOL	LYWOOD FL 33020		8	4	City			85 Zip	Code	
				1	•		FL n submits this statement for the purpose of			
office or n agent. I a SIGNATURE							oard of directors. I hereby accept the appoin			
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:		ent	t signature required		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECT	ORS IN 12	
12.	D OFFICERS AN	DELETE	13.				ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	KANTOR, SEYMOUR	C Deceir								
NAME			1.2 NAME							
STREET ADDRESS	2029 HARRISON STREET #6				ADDRESS		,			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-		·ZIP			Change	Addition	
TITLE	D	DELETE	2.1 TITLE					Change	E AGOILION	
NAME	KANTOR, JILL		2.2 NAME	:						
STREET ADDRESS	2029 HARRISON STREET UNIT	Γ6	2.3 STRE	ET/	ADORESS					
. CITY-ST-ZIP.	HOLLYWOOD FL		2.4 CITY	-ST	r-zrp					
TITLE .	•	☐ DELETE	3.1 TITLE				•	☐ Change	Addition	
NAME			3.2 NAME	<u>:</u>						
STREET ADDRESS			3.3 STRE	EΤ	ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST	r-zip					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition	
NAME			4. 2 NAM	E			•			
STREET ADDRESS			4.3 STRE	Εſ	ADDRESS					
CITY-ST-ZIP	•		4.4 CITY-	ST-	∵ZiP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE	Εſ	ADDRESS					
	{		5.4 CITY-							
CITY-ST-ZIP		DELETE	6.1 TITLE					Change	e Addition	
NAME	1		6.2 NAME	:	İ			_ •	_	
NAME STREET ANDRESS					ADDRESS					
STREET ADDRESS:	•		= 0.0 O INL	- ' '						

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 portrugge 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 attach that it am an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

954 920 2029