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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 P94000084990 (8) DOCUMENT # GALLERY PUBLISHING, INC. Principal Place of Business Mailing Address 7200 W. CAMINO REAL. SUITE 301 20423 STATE ROAD 7 **BOCA RATON FL 33433 BOCA RATON FL 33498** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1994 FEI Number 2. Principal Place of Business 20. Mailing Address Applied For 65-0528558 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Žip This corporation owes or has paid the current year Intangible Personal Property Yax due June 30. Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent D'AMBROSIO, GERALD J 81 Name 1700 S. DIXIE HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2D 83 **BOCA RATON FL 33432** 84 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 office or registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered apent and title if applicable (NOTE Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition CHEEVERS, CRAIG 1.2 NAME CR2E034 NAME 20423 STATE ROAD 7 SUITE 397 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** City-St-ZiP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change ■ Addition

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 each; 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, on on a state that the information of the receiver 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

Cheerers

6.3 STREET ADDRESS

SIGNATURE:

4/30/28

5613954432

FILED

May 08 1998 8:00am

Secretary of State