

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

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**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 AUG 19 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 995000000081  
1. Corporation Name  
**Top Gallery, Inc.**

Principal Place of Business Mailing Address  
**319 N. Segrave St.  
Daytona Beach, FL 32114**

3. Date Incorporated or Qualified **5/21/96** 3a. Date of Last Report  
4. FEI Number **59-3291458** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **319 N Segrave St.** 26 **319 N. Segrave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Daytona Beach, FL** 28 **Daytona Beach, FL**  
Zip Country Zip Country  
24 **32114** 25 **USA** 29 **32114** 30 **USA**

9. Name and Address of Current Registered Agent  
**Attorney  
343 Almeria Avenue  
Coral Gables, FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P Gil Yedid</b>
1.3 STREET ADDRESS	<b>3845 Long Grove Lane</b>
1.4 CITY - ST - ZIP	<b>Port Orange FL 32119</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Moshe Katan</b>
2.3 STREET ADDRESS	<b>1061 Wayfarer Lane</b>
2.4 CITY - ST - ZIP	<b>Charleston, SC 29412</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>50002275235 -- 1</b>
4.3 STREET ADDRESS	<b>-08/22/97--01105--004</b>
4.4 CITY - ST - ZIP	<b>***165.00 ***165.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>8-20-97</b>
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address.

**SIGNATURE:**

CR2E034 (9/96)

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**Top Gallery, Inc.**  
319 North Segrave Street  
Daytona Beach, Florida 32114

Tele: (904)248-2018

Fax: (904)248-1484

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July 28, 1997

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee Fl 32314

Re: Reinstatement Section

Dear Officer:

Just a note to inform you that Gallery '96 has moved from Port Orange to Daytona Beach. In effect, we never received our annual report and did not receive any other notices until recently.

We would appreciate it if you could allow us to file without the late fee. Please send us a new packet with the corrections. Your assistance in this matter is greatly appreciated.

Sincerely,



Gil Yedid  
President

P95-81  
KWM