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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000019167 (2)**

1. Corporation Name

ANSON GALLERY, INC.

Principal Place of Business	Mailing Address
514 E. DAVIS BOULEVARD TAMPA FL 33606-3920	514 E. DAVIS BOULEVARD TAMPA FL 33606-3920

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3401 Henderson Blvd.	26 3401 Henderson Blvd.
Suite, Apt. #, etc. 22 E	Suite, Apt. #, etc. 27 E
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33609 Country 25 USA	Zip 29 33609 Country 30 USA

4. FEI Number: 59-329-9967 ☐ 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

9. Name and Address of Current Registered Agent

LUBRANO, ANTONIO M
514 E. DAVIS BOULEVARD
TAMPA FL 33606-3920

10. Name and Address of New Registered Agent

81 Name: Angela R. Lubrano
82 Street Address (P.O. Box Number is Not Acceptable): 4525 La Carmen CT.
83
84 City: Tampa FL 85 Zip Code: 33611

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: Angela Lubrano Angela Lubrano Vice President 4-27-96
Signature, typed or printed name of registered agent and title, if applicable — (Note: Registered agent signature required where indicated) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Managing Director Antonio M Lubrano 514 E. Davis Blvd. Tampa, FL 336010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Catherine R Lubrano 15316 Gulf Blvd. #103 Madiera Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President Angela R Lubrano 4525 La Carmen Ct. Tampa, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	President Sonia L Perez 4304 Lemon St. W. Tampa, FL 33609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Angela Lubrano Angela Lubrano, Vice President 4-27-96 (813) 877-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #