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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3401 HENDERSON BLVD
E
TAMPA FL 33609
US

Mailing Address

3401 HENDERSON BLVD
E
TAMPA FL 33609-3998
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3401 Henderson Blvd.

27 Suite, Apt. #, etc.

27 Suite E

28 City & State

28 Tampa, FL

29 Zip

29 33609

30 Country

30 US

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3299967

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

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 MD
NAME ANTONIA M LUBRANO
STREET ADDRESS 514 E. DAVIS BLVD
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE S
NAME CATHERINE R. LUBRANO
STREET ADDRESS 15316 GULF BLVD #103
CITY-ST-ZIP MODIERA BEACH FL

☐ DELETE

TITLE VP
NAME ANGELA R. LUBRANO
STREET ADDRESS 4525 LA CARMEN CT
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE P
NAME SONIA L. PEREZ
STREET ADDRESS 4304 LEMON ST. W
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MD
1.2 NAME Antonio M. Lubrano
1.3 STREET ADDRESS 514 E. Davis Blvd.
1.4 CITY-ST-ZIP Tampa, FL 33606

☒ Change

☐ Addition

2.1 TITLE S
2.2 NAME Catherine Lubrano
2.3 STREET ADDRESS 15316 Gulf Blvd. #103
2.4 CITY-ST-ZIP Madeira Beach, FL 33708

☒ Change

☐ Addition

3.1 TITLE VP
3.2 NAME Angela Lubrano
3.3 STREET ADDRESS 4525 La Carmen Ct.
3.4 CITY-ST-ZIP Tampa, FL 33611

☒ Change

☐ Addition

4.1 TITLE P
4.2 NAME Sonia Perez
4.3 STREET ADDRESS 4304 Lemon St. W.
4.4 CITY-ST-ZIP Tampa, FL 33609

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

Angela Lubrano

Angela Lubrano 3-26-97 (813) 817-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)