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FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000019167 (2)**

1. Corporation Name

**ANSON GALLERY, INC.**

Principal Place of Business

Mailing Address

**3401 HENDERSON BLVD  
E  
TAMPA FL 33609  
US**

**3401 HENDERSON BLVD  
E  
TAMPA FL 33609  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/06/1995**

4. FEI Number

**59-3289967**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Lubrano, Angela R.**

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, VP**

**4-7-98**

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **MD** ☒ DELETE  
NAME **LUBRANO, ANTONIO M.**  
STREET ADDRESS **514 E. DAVIS BLVD**  
CITY-ST-ZIP **TAMPA FL**

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

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 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** **4-7-98** **(813)877-3811**

CR2E034 (10/97)