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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000041313 (4) DOCUMENT #

FRENCHMAN'S ART GALLERY & STUDIOS, INC.

Mailing Address Principal Place of Business 849 DONALD ROSS ROAD 849 DONALD ROSS ROAD JUNO BEACH FL 33408 JUNO BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1995 2. Principal Place of Business 2a, Mailing Address 65-0589147 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 C Country Zφ Zio 30 25 29 24 g. Name and Address of Current Registered Agent

BERKOW, JOANNE 300 ADMIRAL COVE BLVD SUP 8H 3/0 JUPITER FL 33477

ountry	This corporation owes or has paid the curl Personal Property Tax due June 30.	ent ye	
Т	10. Name and Address of New Registered	gent	
81	Name Johnne Bertow		
82	Street Address P. J. Box Number is Not Acceptable	<u>, </u>	
83	Slip 310		
84	City C. A.T.	85	Zip Code

FILED

Apr 01 1998 8:00am

Secretary of State

Applied For

Not Applicable

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 11TLE TITLE BERKOW, JOANNE 1.2 NAME Slip 310 NAME 300 ADMIRAL COVE BLVD SLIP341 310 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST- ZIP ___ Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE 61 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY - ST-ZIP 14. Thereby 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.

561-691-0451