

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000063427 (5)**

1. Corporation Name

FRAME MASTERS GALLERY, INC.

Principal Place of Business

**3230 PAGE BACON ROAD
MARY ESTHER FL 32569**

Mailing Address

**3230 PAGE BACON ROAD
MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/16/1995

4. FEI Number
59-3385794

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
21 **446 Racetrack Rd NW**

2a. Mailing Address
26 **446 Racetrack Rd NW**

Suite, Apt. #, etc.
22 **F**

Suite, Apt. #, etc.
27 **F**

City & State
23 **Fort Worth Beach, FL**

City & State
28 **Fort Worth Beach, FL**

Zip
24 **32547**

Country
29 **USA**

Country
30 **USA**

9. Name and Address of Current Registered Agent

**NELSON, TIKI
3230 PAGE BACON ROAD
MARY ESTHER FL 32569**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

446-F Racetrack Rd NW

83

84 City

Fort Worth Beach FL

85 Zip Code

32547

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

Tiki Nelson
Signature typed or printed name of registered agent and title if applicable

Tiki Nelson
(NOTE: Registered Agent signature required when reinstating)

28 Apr 98
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	NELSON, TIKI	
STREET ADDRESS	303 SHARON DR	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: *Tiki Nelson* **Tiki Nelson** *28 Apr 98* **850 862 4399**

CR2E034 (1097)