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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000069795**1. Corporation Name

CALIFORNIA FINE ARTS GALLERY, INC.

	•						48 18 18 18 18 18 18 18 18 18 18 18 18 18
Principal Place	e of Business	Mailing Address			1 10011001 110 10101 01111 03111 00111 00111	isid 21119 (8111 (8810 18	1881
140 GLADES R		140 GLADES ROAD					
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE		
	*				3. Date incorporated or Qualifed	THIS SEACE	
					09/05/1995		•
2. Principal Place of Business 2a. Mailing Address				-	4. FEI Number Applied		
21		26		.	65-0608359	 , 	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ad	
22		27	- 6+11		5. 55.000 5. 500.00	Fee Req	uired
City & State City & State					6. Election Campaign Financing	\$5.00 N	
23		28	<u> </u>		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		7N-
24	25	29	30		Personal Property Tax.		No
	9. Name and Address of Curre			nel Na	10. Name and Address of New Registe	red Agent	
CALA		The state of the s		81 Name			
	NHN, JANET	#1 <u>41</u>		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		.`
ITO GENERAL NOND					in the second of	r konst in den grant sit militari. Links in State (1881 - 1882 - 1882 - 1882)	Transporter
BOCA RATON FL 33432				83		糖糖糖脂脂	
				84 City	5 THE REPORT OF THE PROPERTY O	85 Zip Co	ode
	and the same of th					FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the al	ove-named corp	poration submits this statement for the purpos	e of changing its re	egistered stered
	registered agent, or both, in the State am familiar with, and accept the oblig				ion's board of directors. I hereby accept the a	ppointailent as regi	Biblica
SIGNATURE					2		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	TE: Registered	Agent signature require	ed when reinstating) DATI		
12.	OFFICERS A	ND DIRECTORS	13.				
TITLE	I B				ADDITIONS/CHANGES TO OFFICERS		
NAME	P ·	DELETE	1.1 TII	TLE	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR Change	RS IN 12
MANUE	P Swahn, Janet						
STREET ADDRESS	SWAHN, JANET		1.1 TTT 1.2 NA				
I	SWAHN, JANET		1.1 TII 1.2 NA 1.3 ST	ME		☐ Change	Addition
STREET ADDRESS	SWAHN, JANET 140 GLADES ROAD		1.1 TII 1.2 NA 1.3 ST	ME REET ADDRESS TY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP	SWAHN, JANET 140 GLADES ROAD	☐ DELETE	1.1 TH 1.2 NA 1.3 ST 1.4 CF	ME REET ADDRESS TY-ST-ZIP		☐ Change	Addition
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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 of or an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90008 022 ***150.00

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