

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

95 AUG 27 PM 2:34

STATE OF FLORIDA



PROFIT CORPORATION, ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P95000082524 (6)**
 1. Corporation Name
EUREKA ART GALLERY, INC.

Principal Place of Business Mailing Address

**WILLIAM R. FRIZZELL CULTURAL CENTRE
 10091 MCGREGOR BOULEVARD
 FORT MYERS FL 33919**

3. Date Incorporated or Qualified **10/27/1995** 3a. Date of Last Report

4. FEI Number **65-0610834** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**PFLUG, LINDA
 3659 EDGEWOOD AVENUE
 FORT MYERS FL 33916**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

Just 9/14

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 _____ (Both Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PRESIDENT SUN NI HODES**
 STREET ADDRESS **905 SW 52ND ST**
 CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE DELETE
 NAME **V.PRES CHARLOTTE HUBB**
 STREET ADDRESS **1393 WAINWRIGHTWAY**
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE DELETE
 NAME **SECRETARY CHARLOTTE McCLATCHY**
 STREET ADDRESS **3075 IRWIN ST**
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE DELETE
 NAME **TREAS LINDA PFLUG**
 STREET ADDRESS **3659 EDGEWOOD AVE**
 CITY-ST-ZIP **FT. MYERS FL 33916**

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 **500001941755**
 2.2 NAME **-09/09/96-01007-007**
 2.3 STREET ADDRESS ******225.00 ****225.00**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 2 of Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 8/7/96 941 6931875
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)