

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082524 (6)
 1. Corporation Name
EUREKA ART GALLERY, INC.



Principal Place of Business WILLIAM R. FRIZZELL CULTURAL CENTRE 10091 MCGREGOR BOULEVARD FORT MYERS FL 33919	Mailing Address WILLIAM R. FRIZZELL CULTURAL CENTRE 10091 MCGREGOR BOULEVARD FORT MYERS FL 33919-1002
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report 08/27/1996
21		26	3659 EDGEWOOD AV	4. FEI Number 65-0610834	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27	FT. MYERS, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29	33919	30	USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 *Linda Pflug* (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HODES, SUNNI	
STREET ADDRESS	905 SW 52ND ST.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUGUI, CHLOE	
STREET ADDRESS	1393 WAINWRIGHT WAY	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCRATCHY, CHARLOTTE	
STREET ADDRESS	3075 IRWIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PFLUG, LINDA	
STREET ADDRESS	3659 EDGEWOOD AVE.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D JEAN BYNES TORPORA
1.3 STREET ADDRESS	6240 TIDEWATER ISLAND CIRCLE
1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Linda Pflug* 4/21/97 9d1 1693 1875

CR2E034 (9/96)