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

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

605 MARKET STREET

**CELBRATION FL 34747** 

2. Principal Place of Business

**SUITE 120** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

DOCUMENT # P95000087923 (5)

MARKET STREET GALLERY, INC.

## Mar 11 1998 8:00am Secretary of State Secretary of State DIVISION OF CORPORATIONS Mailing Address 605 MARKET STREET **SUITE 120 CELEBRATION FL 34747** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1995 2a. Mailing Address 4. FEI Number Applied For

**FILED** 

21		26				<u></u>	J4000U			lot Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	9		& State		****		Campaign Financing			May Be
Zip 24	Country 25	7 <sub>IP</sub>		Country 30	,	8. This cor	poration owes or has p	paid the curr	ent year li	
	9. Name and Address of Curre		d Agent	1331	w		nd Address of New F		gent	
SCHEID, ROY P 19008 WINPINE CT. 19RLANDO FL 92819					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 391 W. TROTTER					
				84	City M	AITLAT	ひわ	FL	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  Signature, types or protect have of registered agent and life if explicitable.  (NOIL Registered Agent signature required when reinstating)  DATE										
Signature, typed or proted name of registered agent and the diagraph of the (NOTE Hogistate)  12. OFFICERS AND DIRECTORS 13.					eni signature requir		NS/CHANGES TO OFF		DIRECTO	DC IN 12
TITLE	DATICENS	AD DIVICE OF	DELETE	1.1 TITLE		RES.	15/CHANGES TO OFF		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 truy 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 conformation or the receiver or trusted employeed 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 on an attachment with an address

SIGNATURE:

407.694 8367