Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90189 008 ***150.00

Addition

☐ Addition

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

11527 TURNSTONE DRIVE

DOCUI	MENT # P9600	0001385						
	ART GALLERY INC.							
DESCRI	, and the second second	•				III 18 11 18 11 18 11	. 	
Principal Plac	e of Business	Mailing Address				ALL BURN PURNE DUN		ti ildini njili (n n)
11527 TURNSTONE DRIVE 11527 TURNSTONE DRIVE								
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414					DO NOT	4(D)TE IN T . II	O CDACE	
					3. Date Incorporated or Quali	WRITE IN THI	5 SPACE	
1					01/01/1996	160		
a Division D	land of Division	2a. Mailing Address			4. FEI Number			pplied For
	lace of Business	<u> </u>			65-0650228			ot Applicable
21 Suito Ant	# ata	Suite, Apt. #, etc.			,	· · · · · · · · · · · · · · · · · · ·		Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required			
City & Stat	<u> </u>	City & State			6. Election Campaign Finance	ina	\$5.00	May Be
23		28	28			"" ⁹ 🗆		to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No			
	10. Name and Address of New Registered Agent							
			81 N	łame	•			
BAR	82 8	82 Street Address (P.O. Box Number is Not Acceptable)						
11527 TURNSTONE DRIVE						<u> </u>		
WES	ST PALM BEACH FL 33414		83					
	•		84 (City			85 Zip	Code
*	•			•		<u> </u>		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute ate of Florida. Such change was au	s, the above-n	amed corpo	pration submits this statement for	the purpose of ccept the appropriate the control of the control o	of changing its printment as r	s registered egistered
agent. I a	m familiar with, and accept the ob	eligations of, Section 607.0505, Flori	da Statutes.	COIPOIANO	173 board of directors. 1	200pto upp		-3
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			Registered Agent sig	gnature required		DATE	AID DIDEOT	000 11 40
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A	Change	
TITLE	D	☐ DÉLETE	1.1 TITLE		•		Change	
NAME .	BARHAN, JAMAL		1.2 NAME					
STREET ADDRESS 11527 TURNSTONE DRIVE		1.3 STREET ADDRESS		,	•			
CITY-ST-ZIP	WEST PALM BEACH FL 334		1.4 CITY-ST-Z	P			☐ Change	Additi
TITLE	D DADUAN OUNDAZ	☐ DELETE	2.1 TITLE	-				
) NAME	RARHAN SHAHNA7		■ 22 NAME	- 1				

WEST PALM BEACH FL 33414 2. 4 CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ Change □ DELETE 3.1 TITLE TITLE VILLAO, ESTAVARDO 3.2 NAME NAME 1573 GRANTHAM DR 3.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

2.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 composition 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change