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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000016007 (2)

MISSING LINK GALLERY, INC.

Principal Place of Business Mailing Address 5380 GULF OF MEXICO DR. 5380 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-2048 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Country Zio Zφ This corporation has liability for intengible tax under s. 199.032, Florida Statutes 🗶 Yes 🔲 No 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Breuer, Frank G 308A - 60TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **HOLMES BEACH FL 34217** Tarawitt 83 Zip Code 34 2 28 84 City 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: typeshor printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change : Addition TITLE 1.1 TITLE BREUER, FRANK G 1.2 NAME NAME 710 Tarawitt Drive 308A - 60TH ST. 13 STREET ADDRESS STREET ADDRESS Long boot Key, FL 34228 **HOLMES BEACH FL 34217** CITY - ST - ZIP 14 DITY-ST-ZIP Addition DELETE THLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CITY - ST - 21P \_\_\_ Addition ☐ DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- 7IP Addition DELETE Change 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 64 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

achment with an address.

TED NAME OF BIGNING OFFICER OR DIRECTOR