## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name P96000038152 (0)

FLYING TURTLE GALLERY, INC.

## Sep 24 1998 8:00am Secretary of State



Principal Place	of Rusiness	Mailing Address		<del></del>		
* *		•				
1609 ALDEN ROAD 1609 ALDEN ROA ORLANDO FL 32803 ORLANDO FL 328						
CHEMINO TE SECO			0000			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/29/1996
2. Principal Place of Business 2s. Mailing Address						4. FEI Number Applied For
21		26	26			<b>59-2416505</b> Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				rae required
City & State	в	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	<u> </u>		_	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25	29	30			10. Name and Address of New Registered Agent
SCHUENDERGER, SANDT						
1609 ALDEN ROAD ORLANDO FL 32803				82 Street Address (P.O. Box Number is Not Acceptable)		
UHLANUU FL 32003				83		
				84 City		FL 65 Zip Code
44	607.00	00 and 007 4500 Florido Ctob	don the ob	avo pamed o	~*****	
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, typed or printed name of registered ag-	ant and title if englicable	NOTE: Registe	red Ament signatur	ne reculri	ulred when reinstating) DATE
12.		ND DIRECTORS	13.	oc rigo it oignatu		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD	DELETE	1.1 TII	LE		Change Addition
NAME	SCHOENBERGER, SANDY		1.2 NA	ME		
STREET ADDRESS	4000 ALDEN DD		1.3 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	ADI MIDA PLASANA		1.4 CF	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 Til	LE		Change Addition
NAME	22 N		ME			
STREET ADDRESS	raddress		2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CI	Y-\$T-ZIP		
TITLE	DELETE 3.1 TI		LE	Change Addition		
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4 CI	Y-ST-ZIP		
TITLE		DELETE	4.1 TI	LE		Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADORESS		
CITY-ST-ZIP	•		4.4 CI	Y-ST-ZIP		
TITLE		DELET <b>E</b>	5.1 TH	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP		part part
TITLE		DELETE	6.1 TI	LE		Change Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-S1-ZIP			6.4 Cf	TY-ST-ZIP	L	
14. I hereby co	artify that the information supplied wil	th this filing does not qualify for	r the exemp	ition stated in	ı secik	tion 119.07(3)(i), Florida Statutes. I further certify that the Information

online was not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information for the port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am for or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears their with an address.