

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064514 (8)
1. Corporation Name
EUGENIA SANDERS GALLERY, INC.



Principal Place of Business:
5226 GULFPORT BOULEVARD SOUTH
GULFPORT FL 33707

Mailing Address:
5226 GULFPORT BOULEVARD SOUTH
GULFPORT FL 33707-4946

2. Principal Place of Business:	2a. Mailing Address:
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

3. Date Incorporated or Qualified 08/01/1996	3a. Date of Last Report
4. FLI Number 59-3392634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
61. Name: Diane Miksch
62. Street Address (P.O. Box Number is Not Acceptable): 4615 Gulf Blvd, Suite 216
63. City: St Pete Beach
64. State: FL
65. Zip Code: 33706

11. Pursuant to the provisions of Sections 067.0505 and 067.1301 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 fully qualified and accept the obligations of Section 067.0505, Florida Statutes.

SIGNATURE: *Diane Miksch* CPA 4/28/97

12. OFFICERS AND DIRECTORS

12.1 TITLE: PD	<input type="checkbox"/> DELETE
12.2 NAME: SANDERS, EUGENIA F	
12.3 STREET ADDRESS: 5226 GULFPORT BOULEVARD SOUTH	
12.4 CITY-STATE-ZIP: GULFPORT FL 33707	
12.5 TITLE: SD	<input checked="" type="checkbox"/> DELETE
12.6 NAME: HORN, GABRIEL	
12.7 STREET ADDRESS: 5226 GULFPORT BOULEVARD SOUTH	
12.8 CITY-STATE-ZIP: GULFPORT FL 33707	
12.9 TITLE: TD	<input checked="" type="checkbox"/> DELETE
12.10 NAME: AWALT, PATRICIA	
12.11 STREET ADDRESS: 5226 GULFPORT BOULEVARD SOUTH	
12.12 CITY-STATE-ZIP: GULFPORT FL 33707	
12.13 TITLE:	<input type="checkbox"/> DELETE
12.14 NAME:	
12.15 STREET ADDRESS:	
12.16 CITY-STATE-ZIP:	
12.17 TITLE:	<input type="checkbox"/> DELETE
12.18 NAME:	
12.19 STREET ADDRESS:	
12.20 CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE:	
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the person who accepted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form is true and correct. I am an officer or director of the corporation and I am not a holder of a power of attorney. I am not a holder of a power of attorney. I am not a holder of a power of attorney. I am not a holder of a power of attorney.

SIGNATURE: *[Signature]* 4-28-97 112 33707 26

CR2E034 (9/96)