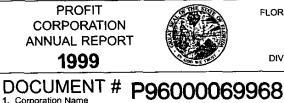
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GALLERY III, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90018 013 ***150.00

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Principal Place of Business . Mailing Address						7 1 1 1 1 1 1 1 1 1	# #1118 1 9 11 8 1 8 1	.III (1) 10 10 10 10 10 10 10	
2893 STIRLING RD 2893 STIRLING RD FT LAUDERDALE FL 33312 US US						DO NOT WRITE IN THI	S SPACE		
00						3. Date Incorporated or Qualifed			
						08/20/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		Applied For	
<u>.</u>		26				65-0686000		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State 28				6. Election Campaign Financing Trust Fund Contribution	11 11 11 11		
Zìp	Country	Zip	Cou	ntry		8. This corporation owes the current year f	ntangible	_	
24	25	29	30			Personal Property Tax.	X Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	<u>d Agent</u>		
				81 Na	me				
BAUMAN, JOYCE L				82 Str	eet Addres	dress (P.O. Box Number is Not Acceptable)			
2893 STIRLING RD									
FTL	AUDERDALE FL 33312			83					
		the state of the state of		84 Cit	v		85 Zij	p Code	
		No. of Land		3 5	11.50 15/2 11.5	Tarth Control of the Park F			
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au	thonzed	i by the d	ned corpoi corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing i ointment as	its registered registered	
SIGNATURE	,				•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signs	ture required	when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	. 1.1 TI	rle			Change	e 🗌 Addition	
NAME	BAUMAN, JOYCE L		1.2 N	AME	}			}	
STREET ADDRESS	2893 STIRLING RD		1.3 \$1	REET ADDR	ESS			\	
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CI	TY-ST-ZIP					
TITLE		☐ D€LETE	2.1 TI	πE	}	•	☐ Chang	je 🗌 Addition	
NAME			2.2 N	AME.					
STREET ADDRESS			2.3 S	TREET ADDR	ESS				
CITY-ST-ZIP			2.4 C	ITY ST-ZIP					
TITLE		☐ DELETE	3.1 TI	TLE			Change	e 🗍 Addition	
NAME			3.2 N	AME	J]	
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TITLE		☐ DELETE	4.1 TI	TLE	-		Chang	ge 🗌 Addition	
NAME			4.2N	AME					
STREET ADDRESS			4.3 S	FREET ADDR	RESS			ļ	
CITY-ST-ZIP			4.4 C	TY-ST-ZIP	L_				
TITLE	- -	☐ DELETE	5.1 TI				Chang	ge Addition	
NAME			5.2 N		Ì				
STREET ADDRESS			5.3 S	TREET ADDR	ESS .			1	
CITY-ST-ZIP	·			TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TI				☐ Chang	ge [] Addition [
NAME			6.2 N	AME	[{	
STREET ADDRESS			6.3 S	TREET ADDE	RESS]	
	I				1				

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 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 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:

954-987-7774