


FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000077049 (0) 1. Corporation Name THE ORNAMENT GALLERY, INC.		
Principal Place of Business 8920 SHARON DRIVE NEW PORT RICHEY FL 34654		Mailing Address 8920 SHARON DRIVE NEW PORT RICHEY FL 34654
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> ACTON, KENNETH D 8920 SHARON DRIVE NEW PORT RICHEY FL 34654 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the registered agent, or both, in the State of Florida. Such change was authorized by the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, ROBERT J 8920 SHARON DRIVE NEW PORT RICHEY FL 34654	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACTON, KENNETH D 8920 SHARON DRIVE NEW PORT RICHEY FL 34654	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
13.		
	1.1 TITLE	
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
	6.1 TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number **59-3402988**
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACTON, KENNETH D
8920 SHARON DRIVE
NEW PORT RICHEY FL 34654

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

B5	Zip Code
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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 agent and title if applicable

[NOTE: Registered Agent signature required when reinstating]

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		<div> <input type="checkbox"/> DELETE </div>	<div> <div>1.1 TITLE</div> <div>1.2 NAME</div> <div>1.3 STREET ADDRESS</div> <div>1.4 CITY - ST - ZIP</div> </div>		<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
<div> <div>D</div> <div>STEIGER, ROBERT J</div> <div>8920 SHARON DRIVE</div> <div>NEW PORT RICHEY FL 34654</div> </div>		<div> <input type="checkbox"/> DELETE </div>	<div> <div>1.1 TITLE</div> <div>1.2 NAME</div> <div>1.3 STREET ADDRESS</div> <div>1.4 CITY - ST - ZIP</div> </div>		<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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<div> <div></div> <div></div> <div></div> <div></div> </div>		<div> <input type="checkbox"/> DELETE </div>	<div> <div>3.1 TITLE</div> <div>3.2 NAME</div> <div>3.3 STREET ADDRESS</div> <div>3.4 CITY - ST - ZIP</div> </div>		<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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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.

SIGNATURE:

CR2E034 (10/97)