

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079118 (1)

1. Corporation Name

AMERICAN NEW HOME GALLERIES, INC.

Principal Place of Business

1800 SOUTH AUSTRALIAN AVENUE, SUITE 102
WEST PALM BEACH FL 33409

Mailing Address

1800 SOUTH AUSTRALIAN AVENUE, SUITE 102
WEST PALM BEACH FL 33409-8450

3. Date Incorporated or Qualified

09/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 3922 Northlake Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 3922 Northlake Blvd.
Suite, Apt. #, etc.

4. FEI Number

65-0695802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

22

27

City & State

City & State

23 Lake Park, FL

28 Lake Park, FL

Zip

Country

Zip

Country

24 33403

25 U.S.

29 33403

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRANDON, ROBERT J
STREET ADDRESS 1800 SOUTH AUSTRALIAN AVENUE, SUITE 102
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9140 Dundee Dr.
1.4 CITY-ST-ZIP Lake Worth, FL 33467

☒ Change

☐ Addition

TITLE VST
NAME BRANDON, KAREN D
STREET ADDRESS 1800 SOUTH AUSTRALIAN AVENUE, SUITE 102
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 9140 Dundee Dr.
2.4 CITY-ST-ZIP Lake Worth, FL 33467

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

Robert J. Brandon 4/21/97 (561) 626-2156

CR2E034 (9/96)