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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000079118 (1) DOCUMENT #

AMERICAN NEW HOME GALLERIES, INC.

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



3922 NORTHLAKE BLVD LAKE PARK FL 33403 US		3922 NORTHLAKE BLVD LAKE PARK FL 33403 US		DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 09/24/1996 		
2. Principal Pi	lace of Business	28. Mailing Address 26. 3926 North	1 . 01 1	4. FEI Number	Applied For	
21 3926	Northlake blud	26 3926 North	rlake blva	. 65-0695802	Not Applicable	
Suite, Apt.	#, 6 tc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25		0	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent AMERI AWYER CHARTERED 8				10. Name and Address of New Register	red Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE 81 Name				Kobert J. Brandon		
CORAL GABLES FL 33134			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
00	THE GABLES IE SO 104		83	140 DWILLE DI.	·	
			84 City	ake Worth	FL 85 ろっこっぱって	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named co	rporation submite this statement for the nurno	se of changing its registered	
agent. Fai	egistered agent, or both, in the State om familian with, and accordit the obliga	of Florida. Such change was aut tions of Section 607,0505, Flori	thorized by the corporate da Statutes	ation's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	Signature, typical or printed name of Jod, or restrayer	semen me	CODE Registered Agent signature reo	It J. Dranden &	124 (98	
12.	OPLICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD BOANDON DODEDT (☐ DELETE	1.1 TITLE		Change Addition	
NAME	BRANDON, ROBERT J		1.2 NAME			
STREET ADDRESS	9140 DUNDEE DRIVE LAKE WORTH FL		1.3 STREET ADDRESS		1	
CITY+ST-ZIP	VST	DELETE	1.4 CITY-ST-ZIP		Change Addition	
TITLE Name	BRANDON, KAREN D	C) Detere	2.1 TITLE 2.2 NAME		L. Change L Addition !	
STREET ADDRESS	9140 DUNDEE DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-\$1-ZIP			3.4. CITY - \$1 - ZIP			
TITLE		DELETE .	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			43 STREET ADDRESS		1	
CITY - ST - ZIP		712	4.4 CHY-ST-ZIP		100	
TITLE		☐ D €L€TE	5.1 TITLE		∐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME		hal Deceil	6.2 NAME		Figure Figure	
			6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY-ST-ZIP			0.4 UIT-SI-ZIP	**************************************		

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 attachnical with an address.

SIGNATURE:

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