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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600090429

DESIGN GALLERY, INC.

,		-			
Principal Place	of Business	Mailing Address	-	4 10011001 120 10110 0511) 00111 00111 00111	18131 48111 81818 11818 1811 1881
		1998 TRADE CENTER WAY			
SUITE 5 SUITE 5					
		NAPLES FL 34109		DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualifed	,
				10/31/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0714435	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required -
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	ntangible‴ I Yes
24	25	29 30	<u> </u>	Personal Property Tax.	
9. Name and Address of Current Registered Agent 10				10. Name and Address of New Registered	Agent
OLDHAM, REGINALD				aralene U.Dic	1 nam
1998 TRADE CENTER WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	-Dulia
SUITE 5			93	160 Long boat	<u></u>
NAPLES FL 34109				•	i
WAFLES FL 34109			84 City	anles FI	85 Zip Code
/ransi					_
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			ralener	V OLOMANO, VOLUM	20 3K7177
Signature, typed or printed name of registered agent and title if applicable. TWOTE Registered Agent Signature required when 12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE	ABBITIONO/OHANGES TO OFFICE AS	Change Addition
	OLDHAM, REGINALD		1.2 NAME		
NAME	2760 LONGBOAT DRIVE		1.3 STREET ADDRESS		
STREET ADDRESS		·			
CITY-ST-ZIP	NAPLES FL VP	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	· • • • • • • • • • • • • • • • • • • •		2.2 NAME		
NAME	CRANDALL, DAVE		2.3 STREET ADDRESS		
STREET ADDRESS	4801 GREEN BLVD.		2.4 CITY-ST-ZIP	مسويين الماسي	
CITY-ST-ZIP	NAPLES FL -	DELETE	3.1 TITLE		Change Addition
TITLE	OLDHAM CEDOCE E	الما المادة	3.2 NAME		
NAME	OLDHAM, GEROGE E 2760 LONGBOAT DRIVE		3.3 STREET ADDRESS	•	
STREET ADDRESS	=: : = = : : : =				
CITY-ST-ZIP	NAPLES FL S.	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
1	OLDHAM, SARALENE D		4. 2 NAME	•	
NAME	2760 LONGBOAT DRIVE		4.3 STREET ADDRESS		•
STREET ADDRESS	NAPLES FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP · TITLE	NAPLES PL	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		_, ocas,	5.2 NAME		_ • •
NAME .			5.3 STREET ADDRESS		l
STREET ADDRESS	•				

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 trastee 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CBO 在 2 2 数

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TO WIND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90023 018 ***150.00