

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 # P96000093555 (6)

1. Corporation Name

ST. PETERSBURG GALLERY, INC.

Principal Place of Business

1320 S. DIXIE HIGHWAY  
SUITE 700  
CORAL GABLES FL 33146

Mailing Address

1320 S. DIXIE HIGHWAY  
SUITE 700  
CORAL GABLES FL 33146-2938

3. Date Incorporated or Qualified

11/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 424 Beach Drive NE

Suite, Apt. #, etc.

22 102

City & State

23 St. Petersburg, FL

Zip

24 33701

Country

25 Pinellas

2a. Mailing Address

26 424 Beach Drive NE

Suite, Apt. #, etc.

27 102

City & State

28 St. Petersburg, FL

Zip

29 33701

Country

30 Pinellas

4. FEI Number

65-0713216

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

9. Name and Address of Current Registered Agent

GORDON, LEWIS G ESQ.  
1320 S. DIXIE HIGHWAY  
SUITE 700  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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

TITLE

D  
NAME GRAYSON, ERIC  
STREET ADDRESS 300 PALM AVE  
CITY- ST- ZIP MIAMI BEACH FL

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☒ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 #

0204131

CR2E034 (9/96)