

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 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 # P96000095033 (2)

1. Corporation Name
SEAGAL GALLERIES, INC.

Principal Place of Business
450 GOLF BROOK LANE
SUITE 204
LONGWOOD FL 32778

Mailing Address
450 GOLF BROOK LANE
SUITE 204
LONGWOOD FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1996
3a. Date of Last Report Filed

4. FEI Number 59-3412882
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 165 NE 186 TERRACE 26 165 NE 186 TERRACE

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State Miami FLORIDA 27 Miami FLORIDA

23 Zip 33179 Country 28 Zip 33179 Country 30

9. Name and Address of Current Registered Agent

SASSON, CHAIM
450 GOLF BROOK LANE
SUITE 204
LONGWOOD FL 32778

10. Name and Address of New Registered Agent

81 Name SASSON, CHAIM
82 Street Address (P.O. Box Number is Not Acceptable) 165 NE 186 TERRACE
83
84 City Miami FL 85 Zip Code 33179

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 CHAIM SASSON PRES 9/15/97
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	SASSON, CHAIM	450 GOLF BROOK LANE, SUITE 204	LONGWOOD FL 32778	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DIRECTOR, PRESIDENT	SASSON, CHAIM	165 NE 186 TERRACE	MIAMI FLORIDA 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, attach an attachment with an address.

SIGNATURE CHAIM SASSON PRES 9/15/97 305-7702060

CR2E034 (4/97)