

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

FILED  
Jun 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000005802 (8)

1. Corporation Name

OBJETS D'ART GALLERY, INC.



Principal Place of Business

416 S 3RD ST  
JACKSONVILLE BEACH FL 32250

Mailing Address

P O BOX 50187  
JACKSONVILLE BEACH FL 32240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

59-2879234

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 2336 HERSCHEL

Suite, Apt. #, etc.

22 ST. # 4

City & State

23 JACKSONVILLE

Zip

Country

24 32204

25 FL

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE

Zip

29 32204

Country

30 FL

9. Name and Address of Current Registered Agent

NEILLY, JOHN J JR  
416 S 3RD ST  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name NEILLY, JOHN J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2336 HERSCHEL ST. #4  
83  
84 City JACKSONVILLE FL 85 Zip Code 32204

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 office if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE PRES.  
NAME JOHN J. NEILLY  
STREET ADDRESS 2336 HERSCHEL ST #4  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY  
1.2 NAME RACHEL PARKER  
1.3 STREET ADDRESS 4830 MEDWAY HALL  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32225

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

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 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.

CR2E034 (10/97)