

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

**FILED**  
**Apr 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 # P97000024131 (9)**  
 1. Corporation Name  
**PICTURE GALLERY & GIFT SHOP, INC.**

Principal Place of Business: **920 YORK DRIVE BRANDON FL 33510**  
 Mailing Address: **920 YORK DRIVE BRANDON FL 33510**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-labels for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **03/11/1997**  
 4. FEI Number: **650741625**  
 5. Certificate of Status Desired:  Applied For,  Not Applicable  
 6. Election Campaign Financing:  **\$8.75 Additional Fee Required**  
 7. 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

9. Name and Address of Current Registered Agent  
**JACKSON, VINCENT R R**  
**920 YORK DRIVE**  
**BRANDON FL 33510**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: **FL**

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 if filed electronically) (NOTE: Registered Agent signature required when re-filing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, VINCENT R</b>	1.2 NAME	
STREET ADDRESS	<b>920 YORK DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, GRACE M</b>	2.2 NAME	
STREET ADDRESS	<b>920 YORK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, CATHERINE J</b>	3.2 NAME	
STREET ADDRESS	<b>920 YORK DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* DATE: **4/10/98** (012) 685-9293

CR2E034 (10/97)