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May 01 1998 8:00am
Secretary of State

• -PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000031098 (1)

1. Corporation Name
A GALLERY SYZYGY, INC.



Principal Place of Business

ROYAL PALM SQUARE
FT. MYERS FL

Mailing Address

42221 MOON SHELL DRIVE
MATLACHA FL 33991

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1400 Colonial Blvd.

27 Suite, Apt. #, etc.

27 # 42

28 City & State

28 Fort Myers, FL

29 Zip

29 33907

30 Country

30 USA

3. Date Incorporated or Qualified
04/04/1997

4. FEI Number

65-0748296

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

9. Name and Address of Current Registered Agent

HAYES, ELAINE J
12221 MOON SHELL DRIVE
MATLACHA FL 33991

10. Name and Address of New Registered Agent

81 Name HAYES, ELAINE J.
82 Street Address (P.O. Box Number is Not Acceptable)
1500 POPHAM DRIVE
83 B-11
84 City FT. MYERS FL 85 Zip Code 33919

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

1.1 TITLE ☐ DELETE

NAME HAYES, ELAINE J
STREET ADDRESS 1500 POPHAM DRIVE #B-11
CITY-ST-ZIP FT. MYERS FL 33919

1.2 TITLE ☐ DELETE

NAME HAYES, JOSEPH B
STREET ADDRESS 1500 POPHAM DRIVE #B-11
CITY-ST-ZIP FT. MYERS FL 33919

1.3 TITLE ☐ DELETE

NAME GRAY, VAWN E
STREET ADDRESS 2131 S.W. 13TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33991

1.4 TITLE ☐ DELETE

NAME MELTZ, SARAH M
STREET ADDRESS 12221 MOON SHELL DRIVE
CITY-ST-ZIP MATLACHA FL 33991

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: Sandra B. Northam

4/10/98

841 225 0000

CR2E034 (10/97)