

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90068 001 \*\*\*150.00

DOCUMENT # P98000007395

1. Corporation Name  
THE CUSTOM GALLERY INC.

Principal Place of Business

6501 POMPEII RD.  
ORLANDO FL 32822

Mailing Address

6501 POMPEII RD.  
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

59-3487570

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 8609 Chelínche Ln  
Suite, Apt. #, etc.

2a. Mailing Address

26 8609 Chelínche Ln  
Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32817

Country

25 USA

Zip

29 32817

Country

30 USA

9. Name and Address of Current Registered Agent

DETWILER, ROBERT J  
6501 POMPEII RD.  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name Detwiler, Robert J  
82 Street Address (P.O. Box Number is Not Acceptable) 8609 Chelínche Ln  
83  
84 City Orlando FL 85 Zip Code 32817

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	DETWILER, ROBERT J	6501 POMPEII RD.	ORLANDO FL 32822	<input type="checkbox"/>
S	DETWILER, DEELYTE E	6501 POMPEII RD.	ORLANDO FL 32822	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
P	Detwiler, Robert J	8609 Chelínche Ln	Orlando, FL 32817	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Detwiler, Deelyte E	8609 Chelínche Ln	Orlando, FL 32817	<input type="checkbox"/>	<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 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, with all other like empowered.

SIGNATURE:

*Robert J Detwiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 4072495509  
Date Daytime Phone #

CR2E034 (1/198)