## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P98000070955

COYABA GALLERY, INC.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90005 043 \*\*\*150.00

|--|--|

| <u> </u>         |   |  |                             |   |   |
|------------------|---|--|-----------------------------|---|---|
| Principal Place  | e of Business   | Mailing Address                                  |                             |   |   |
|                  | PARKWAY STE A   | 6142 MIRAMAR PARKWAY                             | STE A                       |   |   |
| MIRAMAR FL 33023 |   | MIRAMAR FL 33023                                 |                             |   | DO NOT WRITE IN THIS SPACE  |
|                  |   |  |                             |   | 3. Date Incorporated or Qualified   |
|                  |   |  |                             |   | 08/14/1998  |
| 2 Origonal Pl    | ace of Business   | 2a. Mailing Address                              |                             |   | 4 FEI Number - Applied For  |
| ~~               | ace of Business   | <del>                                     </del> |                             |   | Not Applicable  |
| Suite, Apt.      | # atc   | Suite, Apt. #, etc.                              |                             |   | S8.75 Additional  |
|                  | #, Bic.   | 27   |                             | -   | 5. Certificate of Status Desired Fee Required   |
| City & State     | <u> </u>  | City & State                                     |                             |   | 6. Election Campaign Financing \$5.00 May Be  |
| 23               | 5   | 28   |                             |   | Trust Fund Contribution Added to Fees   |
| Zip              | Country   | Zip  | Cot                         | untry   | This corporation owes the current year  |
| ~ ·              | 25  | 29   | 30                          |   | Intangible Personal Property. Yes No  |
| 4                | 9. Name and Address of Curren   |  | [30]                        | 1   | 10. Name and Address of New Registered Agent  |
|                  | 5. Hame and Fidelius of Carron  | - Trogramme                                      |                             | 81 Name   |   |
| MCLE             | EARY, JESSICA T   |  |                             |   |   |
|                  | MIRAMAR PARKWAY STE A   |  |                             | 82 Street   | Address (P.O. Box Number is Not Acceptable)   |
|                  | MAR FL 33023  |  |                             | 83  |   |
| 14111 5 0        | M7411 E 000E0   |  |                             | 55  |   |
|                  |   |  |                             | 84 City   | FI 85 Zip Code  |
|                  |   |  |                             |   | proration submits this statement for the purpose of changing its registered   |
| SIGNATURE .      | Signature, typed or printed name of registered agen   | t and title if applicable. (N                    | OTE: Regist                 | ered Agent signatur                                 | e required when reinstating} OATE   |
| 12.              | OFFICERS AN   | D DIRECTORS                                      | 13.                         | ·   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE            | D   | ☐ DELETE   | 1.1 Ti                      | TLE   | Change Addition   |
| NAME             | MCLEARY, JESSICA T  |  | 1.2 N                       | AME   |   |
| STREET ADDRESS   | 6142 MIRAMAR PARKWAY STE  | A  | 1.3 S                       | TREET ADDRESS                                       |   |
| CITY-ST-ZIP      | MIRAMAR FL 33023  |  | 1.4 C                       | ITY-ST-ZIP  |   |
| TITLE            |   | DELETE   | 2.1 T                       | ITLE  | Change Addition   |
| NAME             |   |  | 2.2 N                       | AME   |   |
| STREET ADDRESS   | _   | _  | 2.3 \$                      | TREET ADDRESS                                       |   |
| CITY-ST-ZIP      | - *   |  | 2.4 C                       | ITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·   |
| TITLE            |   | DELETE   | 3.1 T                       | ITLE  | Change Addition   |
| NAME             |   |  | 3.2 N                       | AME   |   |
| STREET ADDRESS   |   |  | 3.3 S                       | TREET ADDRESS                                       |   |
| CITY-ST-ZIP      | _   |  | 3.4 C                       | TTY-ST-ZIP  |   |
| TITLE            |   | DELETE   | 4.1 T                       | ITLE  | Change Addition   |
| NAME             |   |  | 4.2 N                       | AME   |   |
| STREET ADDRESS   |   |  | 4.3 S                       | TREET ADDRESS                                       |   |
| CITY-ST-ZIP      |   |  | 4.4 C                       | ITY-ST-ZIP  |   |
| TITLE            |   | DELETE   | 5.1 T                       | ITLE  | Change Addition   |
| NAME             |   |  | 5.2 N                       | AME   |   |
| STREET ADDRESS   |   |  | 5.3 S                       | TREET ADDRESS                                       |   |
| CITY-ST-ZIP      |   |  | 5.4 C                       | ITY-ST-ZIP  |   |
| TITLE            |   | DELETE   | 6.1 T                       | ITLE  | Change Addition   |
| NAME             |   |  | 6.2 N                       | IAME  |   |
| STREET ADDRESS   |   |  | 6.3 S                       | TREET ADDRESS                                       |   |
| CITY-ST-ZIP      |   |  | 6.4 C                       | ITY-ST-ZIP  |   |
| an officer of    | ertify that the information supplied with<br>on this annual report or supplemental<br>or director of the corporation or the re-<br>2 or Block 13 if manged, or on an atta | ceiver or trustee embowered i                    | the exemurate and to execut | ption stated in<br>that my signa<br>e this report a | section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears |



June 30, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs,

Re:

Coyaba Gallery, Inc.

Corporate Annual Report 1999

We recently received a second notice for the annual report for the above mentioned corporation which was formed in 1998.

Please note that we did not receive the first notice and that is why one was not filed.

Accordingly, we are attaching a check for \$150 as payment of our annual report fees for 1999 and respectfully request an abatement of the late filing fees.

Sincerely yours,

COYABA GALLERY, INC.

Jessica T McLeary

President