PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086283

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90091 020 ***150.00

	GALLERY CAFE NORTH, IN					
Principal Place	e of Business	Mailing Address				/
517 LAKE AVE LAKE WORTH FL 33460 517 LAKE WORTH FL 33460				DO NOT WRITE IN	THIS SPACE	
		^		3. Date Incorporated or Qualifed		
				09/29/1998	-	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21 28		<i>P</i> 26		65-0868832	N	ot Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional
22		27	* ****	5. Certificate of Status Desired	Fee R	equired
City & Stat	8	City & State		_ 6. Election Campaign Financing	\$5.00	May Be
23	STUART FL	28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		r
<u>34</u>	796 ₂₅ USA	29 30	0	Personal Property Tax.	Yes	No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Regis	tered Agent	
444.		;	81 Name	- 20		
	IINSKY, RICHARD	1	82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	LAKE AVE					
LAKI	E WORTH FL 33460		83			
			84 City		85 Zip	Code
			84 City		— 1 oo √ıμ	0000
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	the above-named corporation and the state of the corporation and the state of the s	poration submits this statement for the purpoint's board of directors. I hereby accept the	ose of changing its appointment as re	s registered egistered
agent. 1 a	m familiar with, and accept the obligat	nt and title if applicable. (NOTE: Re	ogistered Agent signature requir	red when reinstating) D/	ose of changing its appointment as re	
agent. 1 a SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent signature require	·	ose of changing its appointment as re	
agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent signature requirement 13.	red when reinstating) D/	ose of changing its appointment as re	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D KAMINSKY, RICHARD	nt and title if applicable. (NOTE: Re	a Statutes. 13. 1.1 TITLE 1.2 NAME	red when reinstating) D/	ose of changing its appointment as re	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D KAMINSKY, RICHARD 517 LAKE AVE	nt and title if applicable. (NOTE: Re	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) D/	ose of changing its appointment as re	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D KAMINSKY, RICHARD	nt and Little if applicable. (NOTE: Re	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) D/	ose of changing its appointment as records. ATE Change	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN D KAMINSKY, RICHARD 517 LAKE AVE	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) D/	ose of changing its appointment as re	ORS IN 12
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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 supplierenal annual report is true and execute 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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

XSIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

561)223-0015

☐ Change

☐ Addition