SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
***AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).**

APPROVED AND FILED

98 OCT -7 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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0027441

PROFIT ~~CORPORATION~~ ANNUAL REPORT 1998

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

DOCUMENT # J91503 (9)

1. Corporation Name
J & G ANTIQUES, INC.

Principal Place of Business	Mailing Address
~~6972 NW 4TH PLACE~~ ~~217 S STATE RD 7~~ MARGATE FL 33063 US 7460 N.W 6th CT.	C/O EZZO, JOHN ~~6972 NW 4 PLACE~~ 7460 N.W 6th CT. MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 09/04/1987

4. FEI Number: 59-2840480 ☐ 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	10. Name and Address of New Registered Agent
EZZO, JOHN 6972 N.W. 4TH PLACE MARGATE FL 33063	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EZZO, JOHN N.		1.2 NAME	
STREET ADDRESS	~~6972 N.W. 4TH PL~~ 7460 N.W 6th CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EZZO, GLADYS N.		2.2 NAME	
STREET ADDRESS	~~6972 N.W. 4TH PL~~ 7460 N.W 6th CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****150.00 ****150.00

10-9-98

CR2E034 (5/98)

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: Gladys Ezzo Gladys Ezzo 9-28-98 954-925 8021

9/28/98

AT The Time I Received The papers FOR FILing FOR The corp. I WAS iN CORAL SPRINGS HOSPITAL WITH a chest PAINS, which I STIL Have! My DocTOR Though I might Be Having A HeART ATTACK! He currently HAS ME ON MEDICATION.

I AM NOT Trying To MAKE EXCUSES. But iF YOU LOOK AT OUR RECORDS OF PAST PAYMENTS, YOU will see THAT NOTHING LiKE THIS HAS HAPPEN BEFORE!

OVER