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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000097505 (7)

1. Corporation Name

ANTIQUE ARMOIRE, INC.

Principal Place of Business

Mailing Address

18055 TAMPA PALMS BLVD., WEST  
TAMPA FL 33647

18055 TAMPA PALMS BLVD., WEST  
TAMPA FL 33647-2001



2. Principal Place of Business

2a. Mailing Address

21 Same  
Suite, Apt. #, etc.

26 Same  
Suite, Apt. #, etc.

22 City & State  
23 Same

27 City & State  
28 Same

24 Zip  
25 Hillsborough

29 Zip  
30 Hillsborough

9. Name and Address of Current Registered Agent

RUPP, NANCY  
18055 TAMPA PALMS BLVD., WEST  
TAMPA FL 33647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Same  
Same

FL

85 Zip Code  
Same

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3422167

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 Nancy F. Rupp

Signature, typed or printed name of registered agent. Do not file if applicable.

(NOTE: Registered Agent signature required when re-registered)

3/10/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME RUPP, NANCY  
STREET ADDRESS 15501 BERENSON PLACE  
CITY-ST-ZIP TAMPA FL 33647

TITLE D  
NAME LOWDER, VIVIAN  
STREET ADDRESS 10005 HAMPTON PLACE  
CITY-ST-ZIP TAMPA FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Vivian S. Lowder 3/10/97 813-972-4388

CR2E034 (9/96)