


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).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90008 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072864 ✓
 1. Corporation Name
HOLLYWOOD TRADER ANTIQUE AUCTION HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2101 N FEDERAL HWY HOLLYWOOD FL 33320 US	Mailing Address 9201 SW 54 ST COOPER CITY FL 33328 US
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3. Date Incorporated or Qualified 08/21/1997	
4. FEI Number 65-0777958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
KAPLAN, BONNIE
9201 SW 54 ST
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name	BONNIE KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable)	9201 SW 54 ST
83	
84 City	COOPER CITY
85 Zip Code	FL 33328

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 *Bonnie Kaplan* **Bonnie Kaplan** DATE **7/14/99**

Due to Typo (if necessary)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, BONNIE	
STREET ADDRESS	2101 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Bonnie Kaplan* **Bonnie Kaplan** DATE: **7/14/99** PHONE: **305-364-1315**

CR2E034 (5/99)

7/14/99

P97000072864
593553-90008-9
Tallahassee Trade
9201 SW 54 St
Cooper City, FL 33338

Fl. Dept of State
Division of Corporations
409 E. Gaines St.

Phone - 305-364-1315
Fax 305-~~55~~7-1163

Tallahassee, FL 32399

Dear Madam/Sir:

As per the telephone conversation today with your office, I am submitting my Annual Report with a check in the amount of \$150. for Annual fee.

Nothing was received for initial notice or I would have sent it before this. My migration was in August, I thought it was due at that time without your notice.

am a corp. of 1 person with a job, trying to make it work. I'd certainly appreciate any consideration that you could give to adjust the large penalty which is a lot of money to me. Thank you if you can help me. Laurie Keph