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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 525990

1. Corporation Name

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90050 008 \*\*\*150.00

WHOLE	SALE ANTIQUE CENTER,	INC.						
Principal Place	e of Business	Mailing Address						
5758 BIRD RD. 5758 BIRD RD.						,		
MIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/16/1977			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	· [	Applied For	
21		26			59-1741020		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required	
City & Stat	te	City & State			6Election Campaign Financing=-	¬\$5:	00 May Be	
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the current	year Intangible	□No	
24	25 25 Cur	29	30		Personal Property Tax.  10. Name and Address of New Reg		□140	
	9. Name and Address of Curr	rent Kegisterea Agent	81	Name	10. Name and Address of New Reg	iotelen Walit		
cos	SCIA, ERNEST						· <u></u>	
5758 BIRD RD.			82 Street Ad		Address (P.O. Box Number is Not Acceptable	e) 		
MIAI	MI FL 33155		83	3			<u>-</u>	
			84	City		FL 85	Zip Code	
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized by	/ the corpo	corporation submits this statement for the pur pration's board of directors. I hereby accept the	rpose of changing the appointment a	j its registered s registered	
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the oblin Signature, typed or printed name of registered a	ate of Florida. Such change was a grations of, Section 607.0505, Floring agent and title if applicable (NOTE	inthorized by irida Statute Registered Age	the corpose.	ration's board of directors. I nereby accept the squired when reinstating)	DATE	s registered	
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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 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, with all other like empowered.

SIGNATURE: