

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10: 04

**DOCUMENT # 642309**

**(9)**

1. Corporation Name  
**ARTIQUES, INC.**

Principal Place of Business  
**20860 HIGHLAND LAKES BLVD.  
NORTH MIAMI BEACH FL 33179**

Mailing Address  
**20860 HIGHLAND LAKES BLVD.  
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/19/1979**

3a. Date of Last Report  
**01/31/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-1946028**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSHINSKY, LEONARD  
1250 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

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 607.1506, 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 provisions of Section 607.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or principal officer or director of the corporation

Signature of Principal Agent (signature required after registration)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |
|----------------|--------------------------|
| TITLE          | P                        |
| NAME           | CARTER, NOEL             |
| STREET ADDRESS | 20860 HIGHLANDS LK. BLVD |
| CITY, ST, ZIP  | N. MIAMI BEACH FL        |
| TITLE          | V                        |
| NAME           | CARTER, NOEL             |
| STREET ADDRESS | 20860 HIGHLANDS LK. BLVD |
| CITY, ST, ZIP  | N. MIAMI BEACH FL        |
| TITLE          | S                        |
| NAME           | CARTER, JANET            |
| STREET ADDRESS | 20860 HIGHLANDS LK. BLVD |
| CITY, ST, ZIP  | N. MIAMI BEACH FL        |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |                                                                   |
| 16 STREET ADDRESS |                                                                   |
| 17 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, unchanged, or in an addition, only on address.

SIGNATURE:

*Noel Carter*

**NOEL A CARTER**

1/7/95 305-935-1781

SIGNATURE AND TYPED OR PRINTED NAME OF HIGHLY OFFICER OR DIRECTOR

Date

Telephone Number