

5-7-97 B 6517 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 642595 (3)
1. Corporation Name
VILLAGE ANTIQUES, INC.



Principal Place of Business 101 E KENNEDY BLVD SUITE 1000, BARNETT PLAZA (PO BOX 1360) TAMPA FL 33601	Mailing Address 101 E KENNEDY BLVD SUITE 1000, BARNETT PLAZA (PO BOX 1360) TAMPA FL 33601-1363
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3. Date Incorporated or Qualified 10/12/1979	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21 200 NORTH FLORIDIAN Suite, Apt. #, etc. 22 WACHULA, FLA City & State 23 Zip 24 33873 Country 25	2a. Mailing Address 26 200 NORTH FLORIDIAN Suite, Apt. #, etc. 27 City & State 28 WACHULA, FLA Zip 29 33873 Country 30
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4. FEI Number 59-1956363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD
STE 1000
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name N. JOAN KROLL	82 Street Address (P.O. Box Number is Not Acceptable) 200 NORTH FLORIDIAN	83	84 City WACHULA	85 FL	86 Zip Code 33873
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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 *M. Joan Kroll*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

15 APR 1997
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORAN, SHERIDAN J.	
STREET ADDRESS	4114 CARROLLWOOD VILL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MORAN, NANCY M.	
STREET ADDRESS	4114 CARROLLWOOD VILL DR	
CITY-ST-ZIP	TAMPA FL	
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 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: *Sheridan J. Moran*

2-22-97 1/8B-889-1761

CR2E034 (9/96)