

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 200 N FLORIDIAN WACHULA FL 33873 US	Mailing Address 200 N FLORIDIAN Ave WACHULA FL 33873 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4323 El Prado Blvd Suite, Apt. #, etc. 22 City & State 23 TAMPA, FLORIDA Zip Country 24 33629 25 HILLSBORO 29 33629 30		2a. Mailing Address 26 200 No. Fla. Ave Suite, Apt. #, etc. 27 City & State 28 WAUCHULA, FL Zip Country	3. Date Incorporated or Qualified 10/12/1979	4. FEI Number 59-1956363 Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No				

g. Name and Address of Current Registered Agent KROLL, M JOAN 200 N FLORIDIAN Ave WACHULA FL 33873		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City WAUCHULA, FL 85 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MORAN, SHERIDAN J.	1.2 NAME	Moran, Sheridan J.
STREET ADDRESS	4114 CARROLLWOOD VILL DR	1.3 STREET ADDRESS	4114 Carrollwood Vill Dr
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	ST	2.1 TITLE	Vice Pres.
NAME	MORAN, NANCY M.	2.2 NAME	Moran, Nancy M.
STREET ADDRESS	4114 CARROLLWOOD VILL DR	2.3 STREET ADDRESS	4114 Carrollwood Vill Dr
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL
TITLE		3.1 TITLE	Secretary/Treas
NAME		3.2 NAME	Kroll, M. Joan
STREET ADDRESS		3.3 STREET ADDRESS	200 No Fla Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Wauchula, FL 33873
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____

CR2E034 (10/97)