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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

11 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H20952** **(8)**

1. Corporate Name

MARGIE'S ANTIQUE MARKET PLACE, INC.

Principal Place of Business

C/O MARJORIE M. WIERENGO
2216 ANDERSON AVENUE
FORT MYERS FL 33901

Mailing Address

C/O MARJORIE M. WIERENGO
2216 ANDERSON AVENUE
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City	City
23	28
24 25	29 30

3. Date Incorporated or Qualified: **09/13/1984**

3a. Date of Last Report: **03/11/1994**

4. FEI Number: **59-2462924**

Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. Is this corporation a subsidiary of another corporation organized outside the State of Florida? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

WIERENGO, MARJORIE M.
2216 ANDERSON AVENUE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City **FL** 05 Zip Code

11. The undersigned hereby accepts the appointment as registered agent of the above stated corporation to comply with all statutes relative to the proper and complete performance of his/her duties, and is familiar with and accepts the obligations of his/her position as registered agent.

Signature

12.

PD
WIERENGO, ROGER L.
23 LIVE OAK LANE
FORT MYERS FL
STV
WIERENGO, MARJORIE M.
23 LIVE OAK LANE
FORT MYERS FL

13. Additional name(s) of officers, directors, or agents to be added: [ ] Change [ ] Add

14. I hereby certify that the information supplied with this report is true, and that I am an officer, director, or agent 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 above, or on an attachment with an asterisk.

SIGNATURE: ✓ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ April 29, 1995 813-332-3321

DATE TELEPHONE NUMBER

0310144 CP