

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K99028 (8)

1. Corporation Name

C & M ANTIQUES, INC.



Principal Place of Business

RT. 3, BOX 173
LAKE CITY, FL 32024-9443
US

Mailing Address

RR2 BOX 173
BRANFORD FL 32008-9307
US

2. Principal Place of Business

2a. Mailing Address

21 Smiley's Antique Mall
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 17020 S.E. CR 234
City & State

27 City & State

23 Micronopy, FL
Zip

28 Zip

24 32667

25 Country

Alachua

29 Country

30 Country

9. Name and Address of Current Registered Agent

RAMIREZ, FREDERICK J.
10041 PINES BV., SUITE C
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified

06/28/1989

3a. Date of Last Report

01/19/1995

4. FEI Number

65-0130781

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1508, 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 in application)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME LAVAN, MICHAEL

STREET ADDRESS RR2 BOX 173

CITY-ST-ZIP BRANFORD FL

TITLE VTD ☐ DELETE

NAME LAVAN, CRYSTAL

STREET ADDRESS RR 2 BOX 173

CITY-ST-ZIP BRANFORD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Crystal Lavon, Y.P. Treasurer
Signature and typed or printed name of signing officer or director

1/31/96
Date

(904) 925-3894
Daytime Phone

CR2E034 (12/95)