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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L16640** **(9)**

1. Corporation Name

ABC ANTIQUES & FINE FURNITURE, INC.

Principal Place of Business	Mailing Address
602 STIRLING RD DANIA FL 33004 US	602 STIRLING RD DANIA FL 33004 US

3. Date Incorporated or Qualified: **09/19/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 602 STIRLING RD
22: Suite, Apt. #, etc.:
23: City & State: DANIA FL.
24: Zip: 33004
25: Country: US

2a. Mailing Address
26: 602 STIRLING RD.
27: Suite, Apt. #, etc.:
28: City & State: DANIA FL.
29: Zip: 33004
30: Country: US

4. FEI Number: **65-0144176** ☐ 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

9. Name and Address of Current Registered Agent

~~LIEBESKIND, PAUL~~
~~14697 NE 18TH AVE~~
~~N. MIAMI FL 33181~~

10. Name and Address of New Registered Agent

81 Name: PAUL LIEBESKIND
82 Street Address (P.O. Box Number is Not Acceptable): 510 BRIARWOOD CIRCLE
83:
84 City: HOLLYWOOD FL 85 Zip Code: 33024

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: Paul Liebeskind
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must always be provided when required) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
D LIEBESKIND, PAUL 510 BRIARWOOD CIRCLE HOLLYWOOD FL	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	100001786121 -04/18/96--01108--029 ***200.00
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

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 119.07(3)(k), 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.

04/18/96

SIGNATURE: Paul Liebeskind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1 96 (954) 929-9895
Date Daytime Phone #

PAUL LIEBESKIND