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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharn Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L64351

(4)

1. Corporation Name

BELFER ANTIQUES, INC.

	, , , , , , , , , , , , , , , , , , , ,						
Principal Place of	of Business	Mailing Address			E ISONION DIO BINI DIDEN NION ENGL		IDIA WEBII DAWII IDDA
% MARTIN BELFER 22739 MERIDIANA DR. BOCA RATON FL 33433-6314		% MARTIN BELFER 22739 MERIDIANA DR. BOCA RATON FL 33433-6314					
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1990 06/12/1995		•	
2. Principal Pla	ce of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26			65-0195838		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	☐ F	.75 Additional se Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s 199,032,			
24	25	29 ss of Current Registered Agent			Florida Statutes Yes Who 10. Name and Address of New Registered Agent		
	g, Name and Address of Curre	ili nagisterad Agent	81	Name	10. Name and Address of New A	egistered Agent	
ne: een	444 PTW		82				
BELFER, MARTIN				Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	ERIDIANA DR.		83				
BUCA RA	ATON FL 33427						
			84	City		FL 85	Zip Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes, the above i	named corpor	ration submits this statement for the pur	rose of changing	its registered office
or registere	ed agent, or both, in the State of Flo	rida. Such change was authoriz	zed by the corp	oration's boa	rd of directors. I hereby accept the appoint	ointment as régiste	ared agent. I am
	i, and the obligations of, act	Clion 60/ .0505, Florida Statute	5.			4/13/	101
SIGNATURE _	Signature, typod or printod name of registered agen	ny nd tille if applicanio. (N	OTE: Registered Ager	it signature require	d when reinstaling)	DATE	1.4
12.	OFFICERS #	OD DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE			☐ Char	nge 🔲 Addition
NAME	BELFER, MARTIN		1.2 NAME				
STREET ADDRESS	22739 MERIDIANA DR.			ADDRESS			
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY - 5	T-ZIP		<u></u>	
TITLE	D	☐ DELÉTE	2. 1 TITLE			Char	nge 🔲 Addition
NAME	BELFER, CHARLOTTE		2.2 NAME				
STREET ADDRESS	22739 MERIDIANA DR.		2 3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY - S	T-ZIP		Cho.	oos FTL Addition
TITLE		DELETE	3. 1 TITLE		-	☐ Char	nge
NAME			3.2 NAME	T ADDDCCC			
STREET ACCRESS			3.3. STREE				
CITY+ST-ZIP TITLE			3.4 CITY-5	01 - 217		Char	nge Addition
NAME		4:				C	
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CHY-5	i			
TITLE		DELETE	5 1 TITLE			☐ Char	nge 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY - ST- ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE			☐ Chai	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
certify that	the information indicated on this and	nual report or supplemental an	nual report is tri	ue and accura	for the exemption stated in Section 119 ate and that my signature shall have the	same legal effect	as if made under
oath; that I	am an officer or director of the corp Block 12 or Block 13 if changed, or	poration or the receiver or trust	ee empowered	to execute th	is report as required by Chapter 607, Fl	orida Statutes; and	d that my name

SIGNATURE: Charlett Bully U.P.

4-73-96 407-394-0990
Date Deptar Prone