05-21-1999 90009 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L75849**

1. Corporation Name

OLD WORLD ANTIQUES, INC.

Principal Place	e of Business	iling Address			(1051/61/ 21/ 1068) \$110/ 1511/ 218/2 18/1 218/1 218/1 218/1 218/1 218/1 218/1			
•			O PHILIP DANIEL					
C/O PHILIP DANIEL 31 SOUTH MAIN STREET			31 SOUTH MAIN STREET					
BROOKSVILLE FL 34601			BROOKSVILLE FL 34601			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						05/24/1990		
2. Principal Pl	ace of Business	2a.	. Mailing Address			4. FEI Number Applied For		
21			26			65-0202960 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			S8 75 Additional		
22			27			5. Certificate of Status Desired Fee Required		
City & State			-City & State			-6. Election Campaign Financing - \$5.00 May Be	_	
23			28			Trust Fund Contribution Added to Fees		
Zip Country			Zip Country			This corporation owes the current year Intangible	•	
24	25 29			30		Personal Property Tax.		
9. Name and Address of Current F			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10. Name and Address of New Registered Agent		
		×		-	81 Name	0 4 1		
DAN	iel, Philip					U ANCIREA, JOSEPH		
31 SOUTH MAIN STREET			82 Street			Address (P.O. Box Number is Not Acceptable)		
BROOKSVILLE FL 34601			83			38 I Rene STRel		
51.0	ONO VILLE I E O 100 I				٠ (Benefision		
					84 City	Reackszulle FL 85 Zip Code 3 4601		
11. Pursuant	to the provisions of Sections 607.050:	2 and 6	607.1508, Florida Statute da. Such change was au	s the at	ove-named by the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	tions of	Section 607.0505 Flor	ida Stati	tes.	1/200		
SIGNATURE	VOSEPIT N'A	$J \mathcal{M} C$	WEA >	400	eper,	Frankle 4-27-97		
0.0	Signature, typed or printed name of registered ager	nt and title	if applicable. (NO/E:	Registered	A ent signature re	required when reinstating) DATE	6	
12.	OFFICERS AN	D DIRE		13.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98	
TITLE	PV		Ø DELETE!	1.1 TI	LE	☐ Change ☐ Addition ☐		
NAME	DANIEL, PHILIP			1.2 NA	ME		~ \(\int \)	
STREET ADDRESS	38 IRENE STREET			1.3 ST	REET ADDRESS	s	R2E034	
CITY-ST-ZIP	BROOKSVILLE FL			1,4 CF	Y-ST-ZIP		Ř	
TITLE	ST		☐ DELETE	2.1 TI	LE	₽ P-ST Addition	O	
NAME	D ANDREA, JOSEPH			2.2 NA	ME	D ANDREA Joseph		
STREET ADORESS	38 IRENE ST			2.3 ST	REET ADDRESS	38 IRENE ST		
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CI	TY-ST-ZIP	Brooks VILLE F		
TITLE			DELETE	3,1 [1]	LE	Change Addition		
NAME		_ `	~	3.2 NA	ME			
STREET ADDRESS				3.3 51	REET ADDRESS			
					TY-ST-ZIP			
CITY-ST-ZIP			☐ DELETE	4,1 TII		☐ Change ☐ Addition <		
				I.				
NAME				4.2 N				
STREET ADDRESS					REET ADDRESS	·		
CITY-ST-ZIP				-1	Y-ST-ZIP			
TITLE			☐ DELETE	5.1 111		Change Addition		
NAME				5.2 NA				
STREET ADDRESS				4	REET ADORESS	B		
CITY-ST-ZIP					Y-ST-ZIP			
TITLE			☐ DELETE	6.1 TIT	LE	Change Addition	-147	
	COLUMN TO THE PARTY OF THE PART		the contract of the second of	** ** ***	A 100 100 100 100 100 100 100 100 100 10	The state of the s		

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 reference 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 alachingint with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP