

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L83433

(7)

1. Corporation Name

SKELETON KEY ANTIQUES, INC.

Principal Place of Business

Mailing Address

2401 SHOREHAM ROAD
ORLANDO FL 32803

2401 SHOREHAM ROAD
ORLANDO FL 32803-1329

3. Date Incorporated or Qualified
06/25/1990

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-3034120

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

10. Name and Address of New Registered Agent

ROWLAND, MARGARETE S.
2401 SHOREHAM ROAD
ORLANDO FL 32803

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 type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 4, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROWLAND, MARGARETE S.
STREET ADDRESS 2401 SHOREHAM ROAD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PINAUD, TARA R.
STREET ADDRESS 2721 FORSYTHE RD.
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PINAUD, TARA R.
2.3 STREET ADDRESS 810 WILKINSON ST.
2.4 CITY-ST-ZIP ORLANDO, FL. 32803

TITLE PS
NAME ROWLAND, MARGARETE S.
STREET ADDRESS 2401 SHOREHAM ROAD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VT
NAME PINAUD, TARA R.
STREET ADDRESS 2721 FORSYTHE ROAD
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PINAUD, TARA R.
4.3 STREET ADDRESS 810 WILKINSON ST.
4.4 CITY-ST-ZIP ORLANDO, FL. 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME ASSISTANT SECRETARY
5.3 STREET ADDRESS Rowland, William M. JR.
5.4 CITY-ST-ZIP 2401 Shoreham Rd.
ORLANDO, FL. 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 as an attachment with an address.

SIGNATURE:

Margaret S. Rowland

MARGARETE S. Rowland,
President

01/04/97

(407) 896-3907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0084769

CR2E034 (9/96)