CR2F034 (11/98)

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90061 033 \*\*\*150.00

## FILE-MOW: 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 # M57144**

1. Corporation	ANTIQUES, INC.	•								
Principal Place	of Business	Mailing Address				$\dashv$		i dibi dibil bi	iali uigli alail ui	ALE DEBLI 1001
3705-A SOUTH DIXIE HWY 3705-A SOUTH DIXIE HWY										
WEST PALM BCH FL 33405 WEST PALM BCH FL 33405							50 VOT WOLT		00405	
				•		-	DO NOT WRIT	EINTHIS	SPACE	
						3.	08/11/1987			
2 Principal Pl	ace of Business	2a. Mailing Address			-	4.	FEI Number		App	lied For
21	acc of Basiness	26					13-3300853		Not	Applicable
Suitě, Apt.	#, etc.	Suite, Apt. #, etc.		-		- T -	Certificate of Status Desired		\$8.75 A	
22		27				5.	Certificate of Status Desired	<u></u>	Fee Rec	luired
City & State	е	City & State				6.	Election Campaign Financing	П	\$5.00 1	
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cour	ntry		₹ 8.	This corporation owes the curre	nt year inta		□No
24	25	29 30	<u>'                                    </u>			10	Personal Property Tax.  Name and Address of New Ro	egistered		
<u></u>	9. Name and Address of Currer	t Kegisteran Agent		81	Name	10.	Traine and Address of from the	/g.o.c.		
O'CONNEL, BRIAN M. 515 N FLAGLER DR				82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 1800				83			<u> </u>			
WEST PALM BCH FL				24					85 Zip C	ode
				84 City				FL	,   as   Zip C	908
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	nonzed	hv t	named co he corpora	orporation ation's bo	n submits this statement for the poard of directors. I hereby accept	urpose of the appoi	changing its r ntment as reg	egistered istered
SIGNATURE	Discourse de la company de la	et and title if applicable (NOTE: De	mietovari .	Agent	signature reqi	uired when r	reinstating)	DATE	·	<del></del>
Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Regist  12. OFFICERS AND DIRECTORS				94711			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TIT	LE					Change	☐ Addition
NAME	GELTZ, TERRENCE B.		1.2 NA	ME	ļ					
STREET ADDRESS	3705-A S DIXIE HWY		1.3 STI	REET/	ADDRESS					
CITY-ST-ZIP	-ZIP WEST PALM BCH FL			1.4 CITY+ST-ZIP						
TITLE	D DELETE			2.1 TITLE					Change	☐ Addition
NAME	CLIL, I MINOR G.			2.2 NAME						
SHEET/ADDIESO SHEET/III			2.3 ST	2.3 STREET ADDRESS			ي د د د سيد		<i>z</i>	
CITY-ST-ZIP	WEST PALM BCH FL		2. 4 CI	_	- ZIP				- Charte	
TITLE		☐ DELETE	3.1 717	Œ	Ì		,		☐ Change	☐ Addition
1			<b>=</b>		1					

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 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 without address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3 4. CITY- ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

dia

15,10

17.8.721.11

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

4/5/99.5/01-659-4094

Change

☐ Change

Change

Addition

☐ Addition

Addition