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PROFIT . CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90005 045 ***150.00

DOCUMENT # M74862 1. Corporation Name

MARIGOLD	ANTIQUES, INC.							
Principal Place o	f Rusiness	Mailing Address			ĺ		•	
•		C/O MARILYN FEL	DMAN]			
C/O MARILYN FEL 264 EVERGLADES	DANAN	264 EVERGLADES RD			. [DO NOT WRITE IN THIS SPACE		
PALM BEACH FL	33480	PALM BEACH FL 3	3348U		į	3. Date Incorporated or Qualifed		ļ
US	• • •	US				04/01/1988		
		2a. Mailing Addre				4. FEI Number		ied For
2. Principal Place	ce of Business	-	733			36-3332321		Applicable
21		26 Suite, Apt. #,				5. Certificate of Status Desired .	\$8.75 Ac Fee Req	Julional
Suite, Apt. #,	etc.	├ ─¬				5. Certificate of Status 200		
22		City & State				6. Election Campaign Financing	\$5.00 N	
City & State		<u></u>				Trust Fund Contribution	Added to	- Fees
23		Zip		Country		8. This corporation owes the current year	ar Intangible	X No
Zip	Country	├ ── '	30	-		Personal Property Tax.		200
24	25	29				10. Name and Address of New Registe	ered Agent	
	9. Name and Address of Current	Registered Agent		81 Nam	ne	_	_	
	HELEN TOWN	v				ess (P.O. Box Number is Not Acceptable)		
THAL	er, manley H.			82 Stre	et Addre	155 (F.O. DOX 10011001 1011	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ini Sirii i
PARTSUITE	212			83		10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
1300	NORTH FEDERAL HIGHWAY						85 Zip C	odé
) BOC/	A RATON FL 33432	•		84 City	1	•		
1	·		the Carteston th		ned corpo	oration submits this statement for the purpo	se of changing its	registered distered
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Flor of Florida: Such chai	nge was author	rized by the o	orporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment do to	9
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	tions of Section 607	′.0505,′Florida \$	Statutes.				}
			NOTE: Design	stand Agent signat	ture require			
	2) and at printed name of registered ager	nt and title if applicable.	(NOTE: Regis	stered Agent signat	ture require	d when reinstating) : 设设 DA ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
	2) and at printed name of registered ager	nt and title if applicable.	(NOTE: Regis	stered Agent signat	ture require	ADDITIONS/CHANGES TO OFFICE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable.	(NOTE: Regis	13. 1.1 TITLE	ture require	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN PD FELDMAN, MARILYN M.	nt and title if applicable.	(NOTE: Regis	Stered Agent signat 13. 1.1 TITLE 1.2 NAME	ture require	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
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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 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 attackment with an address, with all other like empowered.