## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300000895 (3)

THRIFT & COLLECTIBLE CONSIGNMENT, INC.

May 15 1998 8:00am Secretary of State										

**FILED** 

Principal Place of Business Mailing Address								- I IDDIIIGI DID PARDI MAIL DONA DENI BONI DONA DERDI IDIN IDIR DIN IDID				
713 LOCKWOO JACKSONVILLE			JACKSONVI	713 LOCKWOOD LANE JACKSONVILLE FL 32259				3. Date Incorporated or Qualified 02/15/1993				
US			U\$					4. FEI Number		Ap	plied For	
								59-3169966		<del></del>	t Applicable	
2. Principal F	Place of Busin	2a. Mailing	Mailing Address				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Suite, Apt. #, etc. Suite, Apt. #, etc.								6. Election Campaign Financing			lay Be	
27								Trust Fund Contribution Added to Fees				
City & State City & State						7. Is this nonprofit corporation a homeowners a				ciation	?	
28						☐ Yes ☐ No						
Zip Country			Zip	Zip Country				8. This corporation owes or has paid the current year Intangible				
24 25			29		30			Personal Property Tax due June 30.  Yes No				
	9. Name	and Address of Curre	ent Registered A	jent				10. Name and Address of New Registered	i Agent			
					١٤	11 Nar	ne					
HACKE	NDALE, AN	GELA			le le	2 Stre	et Addre	dress (P.O. Box Number is Not Acceptable)				
	CKWOOD L				Ľ			,				
JACKS(	ONVILLE FL	32259			Ē	3	<del></del>	•				
					l-	14 City			85	Zip C	ode	
					`	City		Fi Fi	_   55	zip C	, CAC	
SIGNATURE		or printed name of registered a	gent and title if applicabl		E Registered			ed when reinstating)  DATE  DATE  OFFICIENT  OFFICIENT				
12.	- BB	OFFICERS A	ND DIRECTORS	CT os see	13.			ADDITIONS/CHANGES TO OFFICERS AN	O DIRE		S IN 12 Addition	
TITLE	PD	NOALE ANOELA		DELETE	1.1 TITL		1			ange	☐ MUUIIUII	
NAME		NDALE, ANGELA			1.2 NAM							
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NAME		R, DEBORAH			2.2 NAM		ļ					
STREET ADDRESS	4323 M					eet addre	SS					
CITY-ST-ZIP		ONVILLE FL 32205		DELETE		Y-ST-ZIP	$+\!\!-\!\!\!-$				1 Addition	
TITLE	TO	DAIN O ID		☐ DEL€TE	3.1 TITL				L C	anye	Addition	
NAME		PAUL G JR			3.2 NAM							
STREET ADDRESS		SEACH BLVD #10				EET ADORE	SS					
CITY-ST-ZIP		ONVILLE FL		Driete		Y-ST-ZIP			□ Ct	390/20	Addition	
TITLE	D	ODEOT (DOO)		DELETE	4.1 TITL					anye	☐ ¥ûdilidii	
NAME		OBERT (BOB)	(FIMED		4. 2 NAI		ļ					
STREET ADDRESS		RTEGA FARMS BOU	LEVAKU			EET ADDRE	5S					
CITY-ST-ZIP		ONVILLE FL 32210		DELETE		r-ST-ZIP				30000	Addition	
TITLE	D	14450 B		DELETE	5.1 TITL				☐ Ch	wilds	III WOODOON	
NAME		JAMES R	E TOLLI		5.2 NAN							
STREET ADDRESS		EST OLD MILL COV	E IHIAL			EET ADDRE	SS					
CITY-ST-ZIP	JACKS	ONVILLE FL 32211				r-ST-ZIP			———		A delate -	
TITLE				DELETE	6.1 TITE				□ Ct	ange	Addition	
NAME					6.2 NAM							
STREET ADDRESS					6.3 STR	eet addr <b>e</b>	SS					
CITY-ST-ZIP	1				6.4 CITY	-ST-ZIP						

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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

INGULAX \ Q. CIQUARIA CARRAGORIA OFFICER OR DIRECTOR

4/38/98 (904) 287-9876

CR2E037 (10/97