FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 21 1997 8:00am
Secretary of State

DOCUMENT # N93000001397 (9)

1. Corporation Name

ANTIQUE CLUB OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
3610 N 52ND AVE HOLLYWOOD FL 33021 US	3610 N 52ND AVE HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified	03/26/1993
3a. Date of Last Report	03/01/1996
4. FEI Number	65-0429483 (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

2. Principal Place of Business	2a. Mailing Address
21 4551 N.W. 67 TERR.	26 4551 N.W. 67 TER.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ~~LAUDERHILL~~
City & State 23 LAUDERHILL FL	City & State 28 LAUDERHILL FL.
Zip 24 33319 Country 25 U.S.A.	Zip 29 33319 Country 30 U.S.A

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALTERS, RONALD J 8415 W MCNAB RD TAMARAC FL 33321	81 Name WALTERS, RONALD J. 82 Street Address (P.O. Box Number is Not Acceptable) 1170 N.W. 133 TER. 83 84 City SUNRISE FL 85 Zip Code 33323

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] RONALD J. WALTERS 3-1-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	SCHIMMEL, PAULA		1.2 NAME	CELINA CARMELI
STREET ADDRESS	3610 NORTH 52ND AVE.		1.3 STREET ADDRESS	69 N. FEDERAL HWY
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	D	☐ DELETE	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	BURNS, VIOLA		2.2 NAME	
STREET ADDRESS	2031 POLK ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	T/D ☒ Change ☐ Addition
NAME	AXELROD, DENA		3.2 NAME	
STREET ADDRESS	4551 NW 67 TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	V/D ☒ Change ☐ Addition
NAME	STOLTZ, SYLVIA		4.2 NAME	
STREET ADDRESS	1201 SOUTH OCEAN DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	5/21/97
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	800002201988
STREET ADDRESS			6.3 STREET ADDRESS	-06/04/97--01103--003 **61.25
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dena Axelrod DENA AXELROD 5-18-97 (954) 749-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #