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Mar 06 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001397 (9)

1. Corporation Name

ANTIQUE CLUB OF HOLLYWOOD, INC.



Principal Place of Business	Mailing Address
4551 S.W. 67 TERR. LAUDERHILL FL 33319 US	4551 S.W. 67 TERR. LAUDERHILL FL 33319 US

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

3. Date Incorporated or Qualified	03/26/1993
4. FEI Number	65-0429483
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WALTERS, RONALD J 1170 N.W. 133 TER. SUNRISE FL 33323

10. Name and Address of New Registered Agent
81 Name DENA AXELROD
82 Street Address (P.O. Box Number is Not Acceptable)
4551 N.W. 67 TER.
83
84 City LAUDERHILL FL 85 Zip Code 33319

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 Dena Axelrod Treasurer 2/20/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMELI, CELINA	1.2 NAME	
STREET ADDRESS	69 N. FEDERAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 2/25/98 (954) 749-9146

CP2E037 (10/97)