

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000003109 (5)

1. Corporation Name

YABL STREET ANTIQUES, INC.



Principal Place of Business

5430 YABL ST
NAPLES FL 33942
US

Mailing Address

7278 MILL POND CIRCLE
NAPLES FL 33942
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

02/20/1995

4. FEI Number

65-0368506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STANTON, WILLIAM W
7287 MILL POND CIRCLE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing the duties of registered agent

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: STANTON, WILLIAM W
STREET ADDRESS: 7287 MILL POND CIRCLE
CITY, ST, ZIP: NAPLES FL 33942

2. TITLE ☐ DELETE

NAME: DONNAN, WILLIAM
STREET ADDRESS: 5430 YABL ST
CITY, ST, ZIP: NAPLES FL

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. 3.1 TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Stanton 2-13-96 941-591-8182

CR2E034 (12/95)