FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 02 1997 8:00am

Secretary of State

DOCUMENT # P9300003730 (7)

F. L. SOULE ANTIQUES, INC.

Principal Place of Business Mailing Address					1 10 5110 51 110 1010 0 11111 0 5111 9 5111 0 5111	BB BB ED	1000 11111 2011 1001	
2837 N FLORIDA AVE HERNANDO FL 34442		P.O. BOX 942 HERNANDO FL 34442-0942						
					3. Date Incorporated or Qualified 01/12/1993	3a. Date of 05/09/1		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number				
21		26			59-3156768	59-3156768 Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Country Zip Gour		/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	Florida Statutes X Yes No				
	g, Name and Address of Current	Registered Agent		1	10. Name and Address of New Re	gistered Agen	t	
	OE, GARY A		81	Name				
	03 N APOPKA AVE		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
II.	IVERNESS FL 34450		83					
			84	City		FL 85	Zip Code	
44 Pursua	int to the provisions of Sections 607.0502	and 607 1508 Florida Statut	ne the abov	l	corneration submits this statement for the r		nging ite registered	
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.								
SIGNATUR	Signature, typeo or printed name of registered agen		L: Registered Ag	ent signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1,4 1/11(L) (Change L Addition	
NAME	SOULE, FRED		1.P NAME					
STREET ADDRESS P.O. BOX 942 N/A			1.8 STREET ADDRESS					
CITY-ST-ZIP	HERNANDO FL 34442	·····	1.4 CITY+S1-ZIP					
TITLE			2.1 TITLE		Change Addition			
NAME	SOULE, BEVERLY		2.P NAME					
STREET ADDRES			2.B STRFF	ADDRESS				
CITY-ST-ZIP				2j4 C(11Y - S1 - Z(P		· · -		
TITLE	D COLUE IECEDEA D	[_] DELETE	3.1 11118			LJ (Change L Addition	
NAME	AMM DEDECOR OF AC 15		3.P NAME					
STREET ADDRES	CTANEODD OT OROOK			ADDRESS				
CITY-ST-ZIP	SIMITORD OF 00900	DELETE	3.4. CITY-	\$1 - 21P		·	Shoung 1 1 days	
TITLE		☐ nrrrir	4.1 1111.6			L	Change L_ Addition	
NAME			4. 2 NAME					
STREET ADDRES	58			ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-	ST- ZIP			hanna Addition	
TITLE		ריו מנרגונ	5.4 TITLE			L.J (Change L_ Addition	
NAME DEDUCE ADDRESS	201		5.2 NAME	1000000				
STREET ADDRES	»>			ADORESS				
CITY-ST-ZIP TITLE			5.# CITY - 1	ST-ZIP		[] <i>[</i>]	Change Addition	
	i	() OLLLIC	6.1 111LE		·	<u>.</u> ., (menge L_I Abdition	
NAME			G.P NAME	488888				
STREET ADDRES	55		6.8 STREE	ADDRESS				

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