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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham:

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000018926	(4)

ANTIQUE EMPORIUM, INC.

Mailing Address Principal Place of Business 6500 S PINE AVE 6500 PINE AVE SUITE 109 SUITE 109 OCALA FL 34480 3. Date Incorporated or Qualified 3a. Date of Last Report OCALA FL 34480 04/13/1995 03/12/1993 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business 59-3165518 Not Applicable 26 21 **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite. Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζφ Yes ∏ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WYNN, W S

83

145 EAST BROAD STREET **GROVELAND FL 34736**

85 Zip Code City 84 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, typed at productional lead registered larger facilities of apply start more But Sed Agent sonator recen-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ____ Addition Charge DELETE 1 1 1 1 E F THLE 1.2 NAME HUNT, DALE L NAME 1.3 STREET ADDRESS 6500 S PINE AVE STREET ADDRESS 14 CITY - S! - 7:P OCALA FL nc:tibbA [CITY - ST-ZIP Change DELETE. 2.1 DE 6 D TITLE HUNT, SUSAN M 2.2 NAME NAME 2.3 STREET ADDRESS 6500 S PINE AVE STREET ADDRESS 2.4 CITY - ST - ZIP OCALA FL Addition CITY - ST-ZIP ☐ Change 3 1 1111.6 [] DELETE TITLE HUNT, OSCAR L 3.2 NAME NAME 3.3 STHEET ADDRESS 30104 W ACRE DR STREET ADDRESS ST CLOUD FL 3.4 CITY ST-7IF CHTY-ST-ZIP Addition Charige DELETE 4 1 TillE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C.1Y -ST - ZIP Addition DITY - S1 - ZIP Change DELETE 5 1 HILE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 6.1 TUTE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS. 6.4 CHY-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 changes or on an attachment with an address

SIGNATURE:

4/28/96 904 35/1003

CR2E034 (12/95)