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

PROFIT **PROPORATION** NUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000029759 (6)

UMENT #

THE ANTIQUE SHOPPERS GUIDE, INC.				
Principal Place of Business	Mailing Address			
86 SE 103RD STREET OCALA FL 34471	86 SE 103RD STREET OCALA FL 34471			

3. Date incorporated or Qualified 3a. Date of Last Report

				04/22/1993	U/	/11/198	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal Plac	e of Business	2a. Mailing Address	.3 -4 11 /	4. FEI Number			pplied For
3700	SOUTH U.S. Hwy, 44,	1 26 3700 South	H U.S. HWY. 441	59-3189771			lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required
SUTTE	<u>C</u>	27 SUTTE C		<u> </u>			···
City & State	A FL	City & State	FL	6. Election Campaign Financing Trust Fund Contribution			May Be
OCAL	Country	Zip Zip	Country	This corporation has liability for	intanoible tax		
Zp 34471		29 34471	30 MARION		s 🔲 No		. • •
1 277 N	g. Name and Address of Current	1=-1	1001 700 11-2-1	10. Name and Address of New	Registered A	gent	
		<u> </u>	81 Name				
GARTNE	R, JOHN M		82 Street Addre	ss (P.C). Box Number is Not Accepta	ble)		
	DISTREET		62 Street Addre	SS (F.C.) DOX Mamber IS NOT Accepta	15101		
OCALA F	•		83				
OUALA	£ 0447 (85 Zıp	Code
			84 City		FL	B3 Z1	0000
familiar with RIGNIATURE	the provisions of Sections SUT JOSUZ d agent, or both, in the State of Floric n, and accept the obligations of, Section lighter typed or printed name of registered agent.	on 607,0505, Florida Statules.	E: Registered Agent signature required		DATE		
2,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
ILE	D	DELETE	1. 1 TITLE] Change	☐ Addition
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ITY - ST - ZIP	OCALA FL 34471		1.4 CITY- ST-ZIP				
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Too hereby certify that the information supplied with this ming is vountarily formshed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Fromher 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 finade 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