WE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:47

DOCUMENT # P93000036830 (6)

1. Corporate Name
WE ARE ANTIQUES, INC.

Principal Place of Business
3699 DIXIE HWY
OAKLAND PARK FL 33334-2921

Mailing Address
3699 DIXIE HWY
OAKLAND PARK FL 33334-2921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified
05/20/1993

3a. Date of Last Report
02/02/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Street, Apt. #, etc. (22)

Street, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number
26-4613531
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STOFFERS, CARL B
3699 DIXIE HWY
OAKLAND PARK FL 33334-2921

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 (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	D	11 Title	☐ Change ☐ Addition
02 Name	STOFFERS, CARL B	12 Name	
03 Street Address	809 SW 2ND CT.	13 Street Address	
04 City-St-Zip	FT. LAUDERDALE FL 33312	14 City-St-Zip	
05 Title		21 Title	☐ Change ☐ Addition
06 Name		22 Name	
07 Street Address		23 Street Address	
08 City-St-Zip		24 City-St-Zip	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City-St-Zip		34 City-St-Zip	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City-St-Zip		44 City-St-Zip	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City-St-Zip		54 City-St-Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City-St-Zip		64 City-St-Zip	

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations shall include at least one officer or director. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an blank.

SIGNATURE: Carl B. Stoffers **1/22/95** **305 564-9077**
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR DIRECTOR — Date — Daytime Phone #

0230511 CP