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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
May 19 1998 8:00am
Secretary of State

DOCUMENT #   P93000061140 (8)

1. Corporation Name

PALM BEACH ARTIFACTS, INC.

Principal Place of Business	Mailing Address
1351 BEDFORD DRIVE SUITE 101 MELBOURNE FL 32940 US	1000 N RIVERSIDE DR INDIANATLANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1993

2. Principal Place of Business	*SAME*	2a. Mailing Address	*SAME*
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number
59-3199685
☐ 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARROUX, DAVID
1351 BEDFORD DRIVE, STE. 101
SUITE B
MELBOURNE FL 32940

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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent's signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DPST**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **CHARROUX, DAVID**		1.2 NAME		
STREET ADDRESS **1000 N RIVERSIDE DR**		1.3 STREET ADDRESS		
CITY-ST-ZIP **INDIANATLANTIC FL**		1.4 CITY-ST-ZIP		
TITLE **V**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **CHARROUX, DAVID**		2.2 NAME		
STREET ADDRESS **1000 N RIVERSIDE DR**		2.3 STREET ADDRESS		
CITY-ST-ZIP **INDIANATLANTIC FL**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: _CHARROUX_   5/1/99   407-953-8

CR2E034 (10/97)