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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000083711 (0)

GAMA ANTIQUES, INC.

FILED Apr 13 1998 8:00am Secretary of State

							B: 8		
Principal Place of Business Mailing Address						I 189/1891 ILM IRING FILLI BAKIN GOID ADDIN GAINN S	0190 IEIN 20001 11891 \$161 1991		
5	256 WORTH AVE SUITE S PALM BEACH FL 33480		256 WORTH AVE Suite S Palm Beach Fl 33480		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1993				
2.	Principal Place of Busin	noss	2a. Mailing Address			4. FEI Number	Applied For		
21			26			65-0455691	Not Applicable		
22	Suite, Apt. #, etc.			etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	Ζιρ 29	Coun'	try	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	current year Intaggible		
9. Name and Address of Current Registered Agent MUIR, FRANK 1700 SW 67TH AVE PLANTATION FL 33317					10. Name and Address of New Registered Agent				
					Name Street Ac	ddress (P.O. Box Number is Not Acceptable)			

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

City

SIGNATURE	Signature, typed or printed name of registimed agent and title if applicable	(NOTE	Registered Agent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	/	13.	ADDITIONS/CHANGES TO OF			
TITLE	D	DELETE	1,1 TITLE		Change	Addition	
NAME	BURTON, BARRY		1.2 NAME				
STREET ADDRESS	175 WEST 13TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10011		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	MUIR, FRANK		2.2 NAME				
STREET ADDRESS	1700 S.W. 67TH AVENUE		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP				
TITLE		DELETE	31 TITLE		☐ Change	Additio	
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE] DELETE	4.1 TITLE		Change	☐ Additio	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Additio	
NAME .			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		Change	Additio	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY . CT . 7IP			6.4 CITY - ST - ZIP				

14. Thereby 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.

85 Zip Code