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

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400001631

1. Corporation Name

ANTIQUE PALACE, INC.

# **FILED** May 08, 1999 8:00 am Secretary of State

05-08-1999 90008 004 \*\*\*150.00



			_						
Principal Place of Business Mailing Address							[]( WEIDI ]/EIE		191 1181 1981
808 LAKE AVE.		808 LAKE AVE.	· ·						
LAKE WORTH FL 33460		LAKE WORTH FL 334	LAKE WORTH FL 33460			DO NOT WRITE IN THIS SPACE			
					•	3. Date Incorporated or Qualifed			
						12/30/1993			İ
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26				65-0462034	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional			
22		27				Fee Required			
City & State	•	City & State	<del></del>			6. Election Campaign Financing \$5.00 May Be			
23   Zip	Country	28 Zip	Zip Country			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.			]No │	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registers			
•••		<u> </u>		81	Name				
MERHI, ROBERT				82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>		
	LAKE AVENUE				Sileer Addre	ess (F.O. Bux Number is Not Acceptable)			
LAKE	WORTH FL 33460			83					
				84	City		. 85	Zip Co	de
					,		L	•	]
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.									egistered stered
SIGNATURE	,	,							İ
	Signature, typed or printed name of registered		<del></del>	Agen	t signature required				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELE					☐ Cha	inge	Addition
NAME	MERHI, ROBERT			1.2 NAME					
STREET ADDRESS	808 LAKE AVENUE				F ADDRESS				ļ
CITY-ST-ZIP				T-ZiP		☐ Cha	nne	Addition	
TITLE							ange		
NAME ·	CHAMMIS, LEILA 808 LAKE AVENUE		2.2 NAME 2.3 STREET		F 4000ECC				
LAVE WORTH EI			2.4 CITY						
CITY-ST-ZIP TITLE	DANE WORTH L	DELE			1-ZIF		Cha	inge	Addition
NAME	32N						•		
STREET ADDRESS	1		<b>1</b> -	3.3 STREET ADDRESS					
CITY-ST-ZIP	3.4.		3.4. CI						
TITLE		☐ DELE	TE 4.1 TI	1E			☐ Cha	nge	Addition
NAME			4.2 N	AME					
STREET ADDRESS	ORESS 4.3		4.3 ST	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CF	Y-SI	T-ZIP				
TITLE		☐ DELE	TE 5.1 TIT	LE			Cha	inge	Addition
NAME			5.2 NA	ME					-
STREET ADDRESS			5.3 ST	REET	ADORESS				
CITY-ST-ZIP			5.4 CI		r-zip				
TITLE		☐ DELE					☐ Cha	inge	Addition
NAME			6.2 NA						j
STREET ADDRESS			6.3 ST	REET	FADDRESS				

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, with all other like empowered.

SIGNATURE:

Daytime Phone #