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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044820 (6)

1. Corporation Name

FAMILY TREE ANTIQUES, INC.

Principal Place of Business

1046 E SEMORAN BLVD
CASSELBERRY FL 32707-5722

Mailing Address

1046 E SEMORAN BLVD
CASSELBERRY FL 32707-5722

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21 5275 Red Bug Lake Rd

2a. Mailing Address

26 5275 Red Bug Lake Rd

Suite, Apt. #, etc.

22 Suite 125

Suite, Apt. #, etc.

27 Suite 125

City & State

23 Winter Springs, FL

City & State

28 Winter Springs, FL

Zip

24 32708

Country

Zip

29 32708

9. Name and Address of Current Registered Agent

UPDIKE, HEATHER J
1046 E SEMORAN BLVD
CASSELBERRY FL 32707-5722

4. FEI Number

59-3249978

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 of registered agent or provided name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME BISCOE, CONSTANCE J.
STREET ADDRESS 142 POINT PLEASANT CIRCLE
CITY-ST-ZIP GEORGETOWN FL

TITLE VT ☐ DELETE

NAME UPDIKE, HEATHER J
STREET ADDRESS 2737 ABALONE BLVD
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062908

CR2E034 (9/96)