

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000047905 (2)

1. Corporation Name:

THE COMPANY STORE & ANTIQUE MALL, INC.



Principal Place of Business:

6070 69TH ST.
VERO BEACH FL 32967

Mailing Address:

6070 69TH ST.
VERO BEACH FL 32967

2. Principal Place of Business

21 6609 N. U.S. 1

Suite, Apt. #, etc.

22 City & State

23 Vero Beach FL

Zip

24 32967

Country

25 Ind. River

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

g. Name and Address of Current Registered Agent

FIELDS, SUSAN
6070 69TH STREET
VERO BEACH FL 32967

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3255917

APPLIED FOR

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature of the Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: FIELDS, ROBERT E
STREET ADDRESS: 6070 69TH ST.
CITY-STATE-ZIP: VERO BEACH FL 32967

TITLE DELETE

NAME: FIELDS, SUSAN A
STREET ADDRESS: 6070 69TH ST.
CITY-STATE-ZIP: VERO BEACH FL 32967

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE Change Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE Change Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE Change Addition

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Susan A. Fields Susan A. Fields

4-4-96

561-567-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)