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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047905

1. Corporation Name

THE COMPANY STORE & ANTIQUE MALL, INC.

Principal Flace	af Business	Mailing Address		
6605 N US 1		6605 US HWY 1		
VERO BCH FL 32967		VERO BEACH FL 32967		
บร		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 06/27/1994
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	·	59-3255917 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Electic n Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		30	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent	04 1	10. Name and Address of New Registered Agent
E)E) I	DO CLICANI		81 Name	" Elizabeth P. Ruth
	DS, SUSAN		82 Stree	et Address (P.O. Box Number is Not Acceptable)
	69TH STREET			6605 US 1
VICHU	D BEACH FL 32967		83	
f			84 City	85 Zip Code
				Vero Beagh / FL 32967
11. Pursuant i	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati te	s, the above-name	ed corporation submit this statement for the purpose of changing its registered
11. Pursue nt to the provisions of Sections 607.0502 and 607.1506, Profida Statilles, the approximation station of the corporation's foard of the corporation's foard of the corporation's foard of the approximation as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
	theneches be	July -		1 / 1 4/20/99
SIGNATURE	Signature, typed or printed ne he of registered a	gent and title it applicable (NG)	Registered Agent Signature	
12.	OFFICERS A	AND DIRECTORS	/3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	TRESIDEN'IF Change Addition
NAME	FIELDS, ROBERT E		1.2 NAME	Elizabeth P. Ruth
STREET ADORESS	6070 69TH ST.		1.3 STREET ADDRES	!
CITY-ST-ZIP	VERO BEACH FL 32967		14 CITY-ST-ZIP	Vero Beach FL 32967
TITLE	D ,	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, SUSAN A	/ \	2.2 NAME	
STREET ADDRESS	6070 69TH ST.		2.3 STREET ADDRES	ess
CITY-ST-ZIP	VERO BEACH FL 32967		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	iss
			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
			4.3 STREET ADDRES	225
STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.1 TITLE	☐ Change ☐ Addition
		L. DECETE	5.2 NAME	
NAME			5.3 STREET ADDRES	ess
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		□ DELETE	6.1 TITLE	Change Addition
TITLE		□ DELETE	6.2 NAME	
NAME				
STREET ADDRESS			6.3 STREET ADDRES	200
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 cortify 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: