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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000074829 (0)

ANTIQUITY, INC.

FILED Jun 25 1998 8:00am Secretary of State

B JARLARA BOR COM REGIO DEGLE COM ABOM PRIM PROM PROM MANA CAMA CAMA CAMA

Principal Plac	e of Business	Mailing Address				
· ·						
TAMPA FL		1916 SOUTH DALE MABRY TAMPA FL				
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address			10/12/1994 4. FEI Number	Applied For
21		26			59-3277347	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional	
22		27			5, Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Z ір	Country	,	8. This corporation owes or has paid the d	
24	25 9. Name and Address of Currer	29 Appletered Apent	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
		ii registereo Agoir	81	Name	10. Name and Address of New Registers	O WROUT
	INGSTON, CLIFTON A					······································
	i h ộ ratio st. Mp á Fl 33606		82	Street Ad-	dress (P.O. Box Number is Not Acceptable)	
(A)	mr w CF 33000		83	l		
			64	Cay		nel 7., 6-3-
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	ites, the abovi	e-named co	rporation submits this statement for the purpose	of changing its registered
office of r agent. La	rogistered agent, or both, in the State imitamiliar with, and accept the obig	of Florida, Such change was aliens of, Section 607.0505, F	: authorized by Torida Statute:	the corpor s.	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
	Signature Expedient restal harve et e.g. () and p			nt sigi alani teq	IFAG (greed when reinstating)	
12. TILE	OFFICERS AN	DOBLICTORS DETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	D MENDEZ IOE					Change L Addition
STREET ADDRESS	MENDEZ, JOE 1916 SOUTH DALE MABRY		1.2 NAME 1.3 STREET	ADODECC		
CITY-ST-ZIP	TAMPA FL		1.4 CHY-S			
TITLE	D	DILETE	2.1 7111	1-215		Change Addition
NAME	SALADINO, CHRIS		2.2 NAME			
STREET ADDRESS	1916 SOUTH DALE MABRY		2.3 STREET	ADDRESS		
City-St-ZiP	TAMPA FL		2. 4 CITY-	- 1	•	
THLE	D	DELETE.	3.1 TITLE			Change Addition
NAME	CALE, JOHN		3.2 NAME			
STREET ADDRESS	1916 SOUTH DALE MABRY		3.3 STREET	ADDRESS		
CITY-\$1-ZIP	TAMPA FL		34. CITY+5	ST - Z IP		
TITLE		L. DEFFTE	4 1 101LE	ļ		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET			
City-St-7iP Title		DECLIE	4.4 CHY-S	T-ZIP		Change Addition
NAME		Li pitti(5.1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME	YDD0CCC.		
CITY+ST-ZIP			53 STREET			
TITLE		DELETE	5.4 City - S 6.1 Title	1 ' ZII'		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		_	6.4 CITY - S	- 1		
14. Thereby o	cortify that the information supplied w	th the fing does not qualify	for the exemp	lion stated i	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer or	on this annual report or supplements director of the corporation or the rece	eiver of trustee empowered to	curate and the execute this i	at my signat report as rei	ture shall have the same legal effect as if made of quired by Chapter 607, Florida Statutes; and that	under eath; that I am an int my name appears in
Block 12	or Block 13 if changed or on an atta-	dy ant with an address				. ,,