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**PROFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

## FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90041 035 \*\*\*150.00

1. Corporation							
PAST PERFECT CONSIGNMENT SHOWROOM, INC.							
Principal Place	e of Business	Mailing Address	•		( 1841 EM ING (BILL BIRL BELL BELL BELL BELL BELL BELL BELL BE	11 14021 11001 1212 1111 1001	
99 NE MIZNER BLVD BOCA RATON FL 33432		99 NE MIZNER BLVD BOCA RATON FL 33432			DO NOT WRITE IN THIS S	PACE	
	•				3. Date Incorporated or Qualifed		٦
		· ·			10/19/1994		1
2 Principal DI	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	1
21	350 01 20381000	26			65-0526799	Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			\$8.75 Additional	7
22	•	27			5. Certifcate of Status Desired	Fee Required	
City & State	e .	City & State		<del>-</del>	6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	╛
Zip	Country	Zip	Cou	untry	This corporation owes the current year Intan		
24	25	29	30		10.000	Yes \( \sum \text{No} \)	_
	9. Name and Address of Currer	nt Registered Agent		1001	10. Name and Address of New Registered A	gent	-
CÓV	OL IEDDY LECO			81 Name	DSMAN, DANIEL		
	ol, Jerry J esq s biscayne blyd				ddress (P.O. Box Number is Not Acceptable)		7
	E 3300			ļ <u>.</u>	2630 N.E. 18TH TERRA	<u> </u>	
SUL				83			- 1
	81 L1 22121				<del></del>	A D 7: 0 - 1-	
	AI FL 33131			84 City	© - Ei	85 Zip Code	1
MIAN				1 - Lu	GHTHOUSE PANT FL	33064	
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MIAN		02 and 607.1508, Florida Statu of Florida: Such change was stions of, Section 607.0505, Fl	utes, the a eathorized lorida Stat	1 - Lu	GHTHOUSE PANT FL orporation submits this statement for the purpose of ct ation's board of directors: 1 hereby accept the appoint		=
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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 applied 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 estaciment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(561)338.5656