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96 MAY -1 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FILE NOW. FILING FEE \$100.00

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000013293 (2)

1. Corporation Name  
LOVEJOY ANTIQUES, INC.

Principal Place of Business  
4360 NORTHLAKE BLVD., SUITE 205  
PALM BEACH GARDENS FL 33410

Mailing Address  
4360 NORTHLAKE BLVD., SUITE 205  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
02/15/1995

3a. Date of Last Report  
[ ] Applied For  
[x] Not Applicable

4. FEI Number

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 [x] No

9. Name and Address of Current Registered Agent  
WASHOFKY, MARTIN E.A.PA  
4360 NORTHLAKE BLVD., SUITE 205  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 typed or printed below of registered agent at time of appointment. (NOTE: Registered Agent signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS  
[ ] DELETE  
12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY - ST - ZIP  
[ ] DELETE  
12.5 TITLE  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY - ST - ZIP  
[ ] DELETE  
12.9 TITLE  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY - ST - ZIP  
[ ] DELETE  
12.13 TITLE  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Addition  
13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY - ST - ZIP  
[ ] Change [ ] Addition  
13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY - ST - ZIP  
[ ] Change [ ] Addition  
13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY - ST - ZIP  
[ ] Change [ ] Addition  
13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY - ST - 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: Angie Hudson 9/16