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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050736 (4)

HOUSE OF ORANGE ANTIQUES, INC.

Principal Place of Business Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



ST. AUGUSTINE FL 32084			58 1/2 SAN MARCO AVE. St. Augustine Fl 32084-3277				
					3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last F	Report
	lace of Business	2a. Mailing Address		4. FEI Number		pplied For	
21		26			59-3323611	 -	ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Ζφ	Counte	у	8. This corporation has liability for in	tangible tax under s	s. 199.032,
24	25	29	30		Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	istered Agent	
	EN, ALPHONS		8.	1 Name			
	I/2 SAN MARCO AVE. AUGUSTINE FL 32084		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
			83	3	And the second s		
			84	1 1			Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accopt the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was gations of, Section 607.0505, Fl	tes, the abor authorized b orida Statute	ve-named cor by the corpora es	poration submits this statement for the partion's board of directors. I hereby accept	urpose of changing to the appointment as	its registered s registered
SIGNATURE	Signature, typed or printed harve of registered as	gene and the Lapposable (NOI	II : Registered A:	gent signature requ	ided when reinstating)	DAIŁ	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addilion
NAME	VYGEN, ALPHONS		1.2 NAME			·	
STREET ADORESS	58 1/2 SAN MARCO AVE.		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	STINE FL 32084		S1 - ZIP			
TITLE	DELETE 2.		2.1 TITLE			Change	Addilion
NAME			2.2 NAME				
STREET ADDRESS	58 1/2 SAN MARCO AVE.		2.9 STREE	T ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	·	2. 4 CITY	- ST - ZIP			
TITLÉ	☐ DELETE 3.1		3.1 TITLE		Change Addil		Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY	- S1 - ZIP			
TITLE		☐ DELETE	4.1 1111.6			Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP		Ferra-	4.4 C(1Y -	S1-7IP			
TITLE		☐ DELFTE	5.1 THEF			Change	☐ Addition
NAME			5.2 NAME	i			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP		Dougra	5.4 CITY -	\$1- <i>7</i> II ^r			111111111111111111111111111111111111111
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			G.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY	S1 - ZIP			

I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.