

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000053693**

1. Corporation Name

**Dunville's L'Antiquaire, LTD, INC.**

Principal Place of Business Mailing Address

**329 Worth Avenue  
Palm Beach, Fl 33480**

3. Date Incorporated or Qualified **7/11/95** 3a. Date of Last Report

2. Principal Place of Business 21 <b>329 Worth Ave</b> Suite, Apt #, etc	2a. Mailing Address 26 <b>Same As Above</b> Suite, Apt #, etc	4. FEI Number <b>65-0592784</b> Applied For Not Applicable
22 City & State <b>Palm Beach, FL</b>	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip <b>33480</b> Country <b>USA</b>	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29
24 <b>33480</b>	25 <b>USA</b>	29
30	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corp. Systems of Plantation  
1200 South Pine Island Rd  
Plantation, Fl 33324**

81 Name **Robert L. Crane**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Northbridge Tower 1 10th Fl**  
83  
84 City **515 No Flager Drive West Palm Beach FL** 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Joseph R. Dunville**

Signature typed or printed name of registered agent and date of appointment

(Not to be used if registered agent signature is required)

**ROBERT L. CRANE, registered agent** 4/9/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>President</b>	<b>Joseph R. Dunville</b>	<b>181 Clarendon PB, FL 33480</b>	
	<b>Secretary</b>	<b>Lynda Dunville</b>	<b>181 Clarendon PB, FL 33480</b>	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**-04/12/96--01081--002**  
**\*\*\*200.00**

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 (changed, or on an attachment) with an address.

SIGNATURE: **Joseph R. Dunville** 3/21/96 407-655-5774  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone)

**SC 4-12-96**

CR2E034 (12/95)