

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

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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000053693 (4)
1. Corporation Name
DUNVILLE'S L'ANTIQUAIRE, LTD., INC.



Principal Place of Business
329 WORTH AVE
PALM BEACH FL 33480

Mailing Address
329 WORTH AVE
PALM BEACH FL 33480-4643

3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0592784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CRANE, ROBERT L 515 N FLAGLER DR NORTHBRIDGE TOWER 1 19TH FLOOR WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	DUNVILLE, JOSEPH R		
STREET ADDRESS	181 CLARENDON		
CITY-ST-ZIP	PALM BEACH FL 33480		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	DUNVILLE, LYNDIA		
STREET ADDRESS	181 CLARENDON		
CITY-ST-ZIP	PALM BEACH FL 33480		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	DUNVILLE, JOSEPH		
1.3 STREET ADDRESS	400 N. FLAGLER PH C-6		
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	DUNVILLE, LYNDIA		
2.3 STREET ADDRESS	400 N. FLAGLER PH C-6		
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: [Signature] 3/21/99

CR2E034 (9/96)