PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000059970 (0) DOCUMENT #
1. Corporation Name

AUDREY & STUARIT'S ANTIQUES, INC.

Principal Place of Business Mailing Address										i iodiloef i <u>sa faloi aliili adili ba</u> i			1901 51 180
3729 SOUTH DIXIE HIGHWAY 3729 SOUTH DIXIE HIGHW W PALM BEACH FL 33406 W PALM BEACH FL 33406													
									-	 Date Incorporated or Qualified 08/03/1995 	3a. Date	e of Last F	leport
	Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For	
21				26						65-0601668			Not Applicable
22	Suite, Apt. #, etc.			27						5. Certificate of Status Desired			5 Additional Required
23	City & State			28						6. Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
24	Zip	Zip Country			Zip Co			ry 8. This corporation has liability for intangible tax und Florida Statutes ☐ Yes ☑ No			ax under s	199.032,	
		9. Name	and Address of Curr		ered Agent	Loci				10. Name and Address of New	-71	Agent	
							81	Name					
PECKNER, STUART 3729 SOUTH DIXIE HIGHWAY							82	Street	Address	ess (P.O. Box Number is Not Acceptable)			
							B3						
W PALM BEACH FL 33405							63						
							84	City			FL	85 7	p 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE												registered office I agent. I am	
12		Signature, typed	or printed name of registered age				13.	t signature	required who	en reinstating) ADDITIONS/CHANGES TO OF	DATÉ	DIDECT	ODG IN 10
TIT		D			1.1 TITLE		1	ADDITIONS/ONANGES TO OF		Change	Addition		
NAF	ME	PECKNI	er, stuart				1.2 NAME				•		
STF	REET ADDRESS		DUTH DIXIE HWY			1	1.3 STREET	ADDRESS					
CIT	Y-S1-ZIP	W PALK	A BEACH F; 33405				I.4 CITY-S						
TIT	.F				DELETE	2	2 1 TITLE		VP			Change	Addition
NAM	ME					2	2.2 NAME		AUD	PRY PECKNER			
STR	EET ADDRESS					2	2.3 STREET	address	372	9 SOUTH DIXIE HIGH	wny	_	
	Y-ST-ZIP				CIDELETE		4 CITY - S	T-ZIP	WEST	ILEY PBCKNER 9 SOUTH DIXIE HIGH TPALM BEACH, FL	3340	<u>25</u>	
TITE NAS					DELETE		3. 1 TITLE				ŧ	Change	Addition
	EET ADDRESS						1.2 name 1.3 street	ADDRESS					
	Y-ST-ZIP						3.4 CITY - \$						
TITL				• • • • • •	DELETE		1 TITLE	1-411	1		1	Change	☐ Addition
NAI	AE SA				_	4	1.2 NAME				•	_ `	_
STA	EET ADDRESS					4	3 STREET	ADDRESS					
CIT	Y - ST - ZIP					4	I.4 CITY-S	7 - ZIP	1				
TITE	.E				☐ DELETE	5	1 TITLE					Change	☐ Addition
NAN						5	3.2 NAME						
	EE1 ADDRESS					5	3.3 STREET	ADDRESS					
	Y-ST-ZIP						4 CITY-S	r - ZiP	ļ		<u> </u>		
TUL					DELETE		1 TITLE				[Change	☐ Addition
NAN							2 NAME						
STR	EET ADDRESS					6	3 STHEET	A DDRESS					

14. I do hereby certify that the information supplied with this filling 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. - OLD DO OFFICER OR DIRECTOR SIGNATURE: _

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