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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059970 (0)

AUDREY & STUART'S ANTIQUES, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1140 (0110 1917) 10011 0011 1007
3729 SOUTH DIXIE HIGHWAY 3729 SOUTH DIXIE HIGH W PALM BEACH FL 33405 W PALM BEACH FL 334						
					DO NOT WRITE IN THIS	3 SPACE
					3. Date Incorporated or Qualified 08/03/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		65-0601668	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Žip	Country	Zıp	Cou	ntry	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent 10, Name and Address						J Agent
PECKNER, STUART				81 Name		
3729 SOUTH DIXIE HIGHWAY			<u> </u>	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
W PALM BEACH FL 33405			L	,		
				83		
			ŀ	84 City		85 Zip Code
					FI	<u> </u>
11. Pursuant to office or reg	the provisions of Sections 607.050; gistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was a	es, the ab authorized	ove-named co by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	rannar with, and accept the obliga	mons or, section our obos, FR	JIIUB SIAN	nes.		
SIGNATURE	gnature, typed or printed name of registered age	nt and title d'applicable (NOT	E: Realstered	Agent signature reg	guired when reinstaling) DATE	
12.	OFFICERS AND		13.	•	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 7)7	LE		☐ Change ☐ Addition
NAME	PECKNER, STUART		1.2 NA	ME		
STREET ADDRESS 3729 SOUTH DIXIE HWY			1.3 STREET ADDRESS		27 年生	
CITY-ST-ZIP	W PALM BEACH F; 33405		1.4 CIT	Y-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TIT	LE		Change Addition
NAME	PECKNER, AUDREY		2.2 NA	ME		
STREET ADDRESS	3729 S. DIXIE HWY.		2.3 STF	REET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CI	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TIT	LE.		Change Addition
NAME			3.2 NAI	ME		
STREET ADDRESS			3.3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TIT			☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	EET ADDRESS		
CITY-ST-ZIP		Deceme	_	Y - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	5.1 TITI	-		L_ Change L_ Addition
NAME			5.2 NA	-		ĺ
STREET ADDRESS			4	EET ADDRESS		
CITY-ST-ZIP		T becare	_	Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NAI			
				eet address		
CITY-ST-ZIP			64 CIT	7-ST-7IP		

14. Thereby 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.