Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059970

1. Corporation Name

Suite, Apt. #, etc.

PECKNER, STUART

3729 SOUTH DIXIE HIGHWAY W PALM BEACH FL 33405

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AUDREY & STUART'S ANTIQUES, INC.

Mailing Address		
3729 SOUTH DIXIE HIGHWAY W PALM BEACH FL 33405		

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Suite, Apt, #, etc.

City & State City & State 28 Country Country Zip 30 25 29

9. Name and Address of Current Registered Agent

Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90048 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

08/03/1995 4, FEI Number

65-0601668

			1		•			
		8-	4 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				required when reinstating)	DATE			
	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	ent signature i		GES TO OFFICERS AN	D DIRECT	ORS IN 12		
12.	D DELETI	13. E 1.1 TITLE		ADDITIONS/GITAR	OLO TO OTT TOLITO THE	Change		
TITLE	U = .	1.2 NAME					_	
NAME	PECKNER, STUART						j	
STREET ADDRESS	3729 SOUTH DIXIE HWY		ET ADDRESS					
CITY-ST-ZIP	W PALM BEACH F; 33405	14 CITY-				□ Change	Addition	
TITLE	VPD DELETI	E 2.1 TITLE						
NAME	PECKNER, AUDREY	2.2 NAME		,				
STREET ADDRESS	3729 S. DIXIE HWY.	2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY	ST-ZIP		*****			
TITLE	☐ DELET	E 3.1 TITLE		. •		Change	Addition	
NAME		3.2 NAME	:		•		_	
STREET ADDRESS		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP		3.4. CITY	-ST-ZIP					
TITLE	☐ DELET	E 4.1 TITLE	-			Change	e ☐ Addition	
NAME		4. 2 NAM	Ε				.	
STREET ADDRESS		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP		4.4 CITY-	ST-ZIP					
TITLE	☐ DELET	E 5.1 TITLE				Change	e 🗌 Addition	
NAME		5.2 NAMI	-	*	. •			
STREET ADDRESS			ET ADDRESS				ĺ	
CITY-ST-ZIP		5.4 CITY-			•			
TITLE	☐ DELET	E 6.1 TITLE				Change	Addition	
NAME	•	6.2 NAM	•					
STREET ADDRESS		6.3 STRE	ET ADDRESS		•	:		
CITY-ST-ZIP	·	6.4 CITY-		,e				
14. I hereby o	ertify that the information supplied with this filing does not quali	fy for the exemp	ction state	d in Section 119.07(3)(i), Florid	da Statutes. I further cer	tify that the	information	

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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 andress, with all other like empowered.