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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000076636 (6)

1. Corporation Name
GOLDIE KOSSOW ANTIQUES, INC.



Principal Place of Business: % GOLDIE KOSSOW
14 NW-1ST AVENUE 3 N Federal Highway
DANIA FL 33004

Mailing Address: % GOLDIE KOSSOW
14 NW-1ST AVENUE PO Box 1719
DANIA FL 33004-2848

2. Principal Place of Business: 21 3 North Federal Highway
Suite, Apt. #, etc. 22
City & State: 23 DANIA FL
Zip: 24 33004 Country: 25 USA

2a. Mailing Address: 26 PO Box 1719
Suite, Apt. #, etc. 27
City & State: 28 DANIA FL
Zip: 29 33004 Country: 30 USA

3. Date Incorporated or Qualified: 10/01/1995
3a. Date of Last Report: 04/12/1996

4. FEI Number: 65-0620525
Applied For: ☒ Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KOSSOW, GOLDIE
14 NW-1ST AVENUE 3 N Federal Highway
DANIA FL 33004
mailing address PO Box 1719

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: Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE: D
1.2 NAME: FOX, SPENCER c/o Keith Mack Gray
1.3 STREET ADDRESS: 1500 SAN REMO AVE, SUITE 105
1.4 CITY-ST-ZIP: CORAL GABLES FL 33146

2.1 TITLE: PSD
2.2 NAME: KOSSOW, GOLDIE
2.3 STREET ADDRESS: 14 NW-1ST AVE. PO Box 1719 N/A
2.4 CITY-ST-ZIP: DANIA FL 33004

3.1 TITLE: new address
3.2 NAME: First Union Financial Center
3.3 STREET ADDRESS: Twentieth Floor
3.4 CITY-ST-ZIP: 200 S. Biscayne Blvd Miami Fla 33131-2310

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☒ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: ☒ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: ☐ Change ☐ 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: Goldie Kossow, Pres 4/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 0112120 Daytime Phone #

CR2E034 (9/96)