FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000087385 (7)

1. Corporation Name

YBOR ANTIQUE MALL, INC.

Principal Place of Business	Mailing Address
601 EAST TWIGGS STREET SUITE 200 TAMPA FL 33602	601 EAST TWIGGS STREET SUITE 200 TAMPA FL 33602

3. Date Incorporated or Qualified: 11/14/1995
3a. Date of Last Report:

4. FEI Number: 59-3382851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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

2. Principal Place of Business	2a. Mailing Address
21 2nd Ave + 19th ST.	26 P.O. Box 76960
Suite, Apt. #, etc. 22 YBOR CITY	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33675 Country 25 U.S.A.	Zip 29 33675 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

REIBER, SAM I
601 EAST TWIGGS STREET
SUITE 200
TAMPA FL 33602

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	P.	☒ Change ☐ Addition
NAME	SEMLITZ, EDWARD		1.2 NAME	EDWARD SEMLITZ	
STREET ADDRESS	601 EAST TWIGGS STREET, SUITE 200		1.3 STREET ADDRESS	703 GUISANDO-DE-AVILA	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	☐ DELETE	2.1 TITLE	S/T	☒ Change ☐ Addition
NAME	MALMSJO, DARLENE J		2.2 NAME	DARLENE MALMSJO	
STREET ADDRESS	601 EAST TWIGGS STREET, SUITE 200		2.3 STREET ADDRESS	703 Guisando-de-Avila	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: Darlene J. Malmsjo — 7/8/96 — 813-968-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)