Applied For

\$8.75 Additional

Fee Required

Not Applicable

## 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 # P95000095201

SIMS CREEK ANTIQUE MALL, INC.

Principal Place of Business									
	INDIANTOWN RD FL 33458	#25							

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

1695 W. INDIANTOWN RD., #25

JUPITER FL 33458

2a. Mailing Address

Suite, Apt. #, etc.

26

27

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90150 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired —

12/13/1995 4. FEI Number

59-1978269

City & State	•	City & State			1	6. Election Campaign Finar	icing 🗆		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip			1	<ol><li>This corporation owes the</li></ol>	e current year		1-4
24	25	29	30			Personal Property Tax.		Yes	No
	9. Name and Address of Current I	Registered Agent				0. Name and Address of I	New Register	ed Agent	·
5511	UCO PERENT O			31 Nar	me				
BRANCO, BEVERLY S 1695 W INDIANTOWN RD #25 JUPITER FL 33458				32 Stre	eet Address	(P.O. Box Number is Not A	cceptable)		
							<del>-</del>		
			-	83					
			-	84 City				. 85 Zij	Code
				'	•			·L     `	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change wa	s authorized	by the c	ned corporati erporation's	ion submits this statement for board of directors. I hereby	or the purpose accept the ap	of changing i pointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (N	OTE: Registered A	gent signat	ture required whe	n reinstating)	DATE		f
12.	OFFICERS AND	<u></u>	13.			ADDITIONS/CHANGES T	O OFFICERS	AND DIRECT	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E				☐ Change	
NAME	BRANCO, BEVERLEY		1.2 NAA	Æ					l
STREET ADDRESS	1695 W INDIANTOWN RD #25		1.3 STR	EET ADDRI	ESS				
CITY-ST-ZIP	JUPITER FL 33458		1.4 CIT	r-ST-ZIP					
TITLE	OUT TIETT E SOAGO	☐ DELETE			<u> </u>		- 4	☐ Chang	e
NAME			2.2 NAM	Æ		:			
STREET ADDRESS				EET ADDRI	ESS	1			
CITY-ST-ZIP				Y-ST-ZIP	-	·			
TITLE		☐ DELETE						Change	e Addition
NAME	i		3 2 NA	Æ					}
STREET ADDRESS			3.3 STF	EET ADDRI	ESS	•			
CITY-ST-ZIP				Y-ST-ZIP					}
TITLE		☐ DELETE					*1	Chang	e [] Addition
NAME			4, 2 NA	ME					
STREET ADDRESS				EET ADDR	ESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE			_		-	Chang	e Addition
NAME			5.2 NA	KE .	İ				
STREET ADDRESS			5.3 STF	EET ADDR	ESS				
CITY-ST-ZIP			5.4 CIT	/-ST-ZIP					
TITLE		☐ DELETE	6.1 TITI	Ē				☐ Chang	e Addition
NAME			6.2 NA	Æ					
STREET ADDRESS			6.3 STF	EET ADDR	RESS				ł
			6.4 CIT	Y-ST-ZIP					
CITY-ST-ZIP	l		2.7 011						

14. I 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, with all other like empowered.

SIGNATURE: