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 # P9600000597

1. Corporation Name

THE ATTIC ANTIQUE EMPORIUM, INC.

cipal Place of Business	Mailing Address
S DIXIE HWY NLM BCH F L 33401	704 S DIXIE HWY W PALM BCH FL 33401 US

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90003 002 ***158.75



704 S DIXIE HWY W PALM BCH FL 33401 US	704 S DIXIE HWY W PALM BCH FL 33401 US		DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualifed 01/01/1996					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number -	Applied For				
21	26		65-0630790	Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country 24 25	Zip Co 29 30	untry	This corporation owes the current year Personal Property Tax.	Intangible No				
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
HARRISON, RICHARD J JR		81 Name	•					
704 S DIXIE HWY		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)					
W PALM BCH FL 33401		83		<u> </u>				
44. Pursuant to the armicions of Sections 507.0		84 City	F	85 Zip Code				

rursuant 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 title if appl	icable. (NOTE: R	egistered Agent signature r	required when reinstating)		DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1.1 TITLE	D			Change	Addition
NAME	HARRISON, RICHARD J JR		1.2 NAME	WAYNE R	. GATTILI	A		1
STREET ADDRESS	1080 SW 18TH ST		1.3 STREET ADDRESS	422 26	면 5T			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP	WPB, F	L. 33401			
TITLE	D	DELETE	2.1 TITLE				☐ Change	Addition
NAME	HARRISON, RICHARD J SR		2.2 NAME					j
STREET ADDRESS	1080 SW 18TH STREET		2.3 STREET ADDRESS			•		-
CITY-ST-ZIP	BOCA RATON FL 33486		2. 4 CITY-ST-ZIP					
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	<u> </u>				
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		•			ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_			
TITLE	;	□ DELETE	6.1 TITLE				Change	Addition
NAME	•		6.2 NAME					ŀ
STREET ADDRESS			6.3 STREET ADDRESS	ļ				}
CITY-ST-ZIP			6.4 C/TY+ST-Z/P					

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 AND AFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

561-832-9973