

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

FILED

Jun 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000004466 (4)

1. Corporation Name
MIRROR IMAGE ANTIQUES, INC.



Principal Place of Business

Mailing Address

102 E. 8TH AVENUE
HAVANA FL 32333

102 E. 8TH AVENUE
HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

59-3363345

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 303 FIRST ST NW

Suite, Apt. #, etc.

City & State

23 HAVANA FL

Zip

24 32333

Country

25 US

2a. Mailing Address

26 303 FIRST ST NW

Suite, Apt. #, etc.

City & State

27 HAVANA FL

Zip

28 32333

Country

29 US

9. Name and Address of Current Registered Agent

BEARE, NIKKI
102 E. 8TH AVENUE
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name SANDI BEARE

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

303 FIRST ST NW

83

HAVANA FL

84

City HAVANA FL

FL

85

Zip Code

32333

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

Sandi Beare, Pres

(NOTE: Registered Agent signature required when reinstating)

4/20/98

12. OFFICERS AND DIRECTORS

TITLE PD

NAME BEARE, SANDI
STREET ADDRESS RTE. 3, BOX 786
CITY-ST-ZIP HAVANA FL 32333

DELETE

TITLE VPTD

NAME BEARE, NIKKI
STREET ADDRESS RTE. 3, BOX 786
CITY-ST-ZIP HAVANA FL 32333

DELETE

TITLE VPSD

NAME BEARE, RICHARD A
STREET ADDRESS RTE. 3, BOX 786
CITY-ST-ZIP HAVANA FL 32333

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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.

SIGNATURE Sandi Beare, Pres

CR2E034 (10/97)