PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90223 033 ***150.00

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DOCUMENT # P96000022752

ANTIQUES ON THE AVENUE SALES, INC.

Mailing Address Principal Place of Business 7437 MANATEE AVE W 7437 MANATEE AVE W **BRADENTON FL 34209 BRADENTON FL 34209** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 03/11/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0659125 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HANCOCK, JUDITH A Street Address (P.O. Box Number is Not Acceptable) 82 2931 MANATEE AVE: W. BRADENTON FL 34205 83 City Brace

Zip Code 3 4209 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 title if applicable. (NOTE: F	tegistered Agent signature r	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1,1 TITLE	Secretory Change MAddition
NAME	HANCOCK, JUDITH A	1.2 NAME	Siveri Aclan 303 29 4 St. W. Bradenton, Fl 34205
STREET ADORESS	1117 MALLORCA DR.	1.3 STREET ADDRESS	303 294 31-
CITY+ST-ZIP	BRADENTON FL 34209	1.4 CITY+ST-ZIP	Bridenton, FL 34205
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINS, CHRISTIAN D	2.2 NAME	
STREET ADDRESS	200 2001 07 14/	2.3 STREET ADDRESS	
CITY+ST-ZIP	BRADENTON FL 34205	2.4 CITY-ST-ZIP	<u> </u>
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	_	3.2 NAME	·
		3.3 STREET ADDRESS	
STREET ADDRESS		3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4. 2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		1	
CITY-ST-ZIP	DELETE	5.1 TITLE	☐ Change ☐ Addition
TETLE	. Deceie	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-7IP		6.4 CITY-ST-ZIP	

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.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

85

⊠No

Not Applicable