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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022998 (4)

ANTIQUE SHOWPLACE, INC. Principal Place of Business Mailing Address 2308 EDGEWATER DR. 2308 EDGEWATER OR. ORLANDO FL 32804-5302 ORLANDO FL 32804 3e. Date of Last Report 3-14-96 3. Date Incorporated or Qualified 03/14/1996 2a. Mailing Address 2. Principal Place of Business Applied For 9-3382507 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Section 199.032, No. Country 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALTAR, ROBERT A 2308 EDGEWATER DR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City 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 signature, typed or publied can elip! registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13. Change Addition DELETE 1.1 TITLE TITLE n ALTAR, ROBERT.A ALTAR, ROBERT A 1.2 NAME NAM 2755 MONTEGO BAY 8600 CHEROKEE TRL. STREET ADDRESS 1.3 STREET ADDRESS issimmee, FL. 34746. KISSIMMEE FL 34747 CHY-ST-7IP 1.4 CHTY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-51-20 DELETE ☐ Change Addition TITLE 3.1 TIRE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7H DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS D: TY - ST - ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

14. I do 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

4-18-97.

FILED

Apr 24 1997 8:00am

Secretary of State

1. 422-741

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