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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000034296 (9)

1. Corporation Name

ANTIQUES WAREHOUSE, INC.

Principal Place of Business

3118 D SPANISH WELLS DR
DELRAY BEACH FL 33445

Mailing Address

3118 D SPANISH WELLS DR
DELRAY BEACH FL 33445-6715

3. Date Incorporated or Qualified

04/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 2450 N. POWERLINE RD.

2a. Mailing Address

26 2450 N. POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #8

27 #8

City & State

23 POMPAÑO BEACH, FL

City & State

28 POMPAÑO BEACH, FL

Zip

24 33068

Country

25 USA

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

WARM, STEVEN
2101 CORPORATE BLVD SUITE 215
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

PETER KNIGHT

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

3118-D SPANISH WELLS DRIVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

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 607.0605, Florida Statutes.

SIGNATURE

PETER KNIGHT

11/15/97

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KNIGHT, PETER

STREET ADDRESS

3118 D SPANISH WELLS DR

CITY- ST- ZIP

DELRAY BEACH FL 33445

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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

SIGNATURE:

PETER KNIGHT

11/14/97

914-984-2939

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)