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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600058395

1. Corporation Name

CAROLINE'S ANTIQUES, INC.

Division Div								
Principal Place of Business Mailing Address				•				
331 N DONNELLY ST MOUNT DORA FL 32757 331 N DONNELLY MT DORA FL 3275								
US US			J,			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/11/1996	•	}
2. Principal F	Place of Business	2a. Mailing Addre	ess			4. FEI Number	Ap	plied For
21		26				59-3392217	No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired	\$8.75	
22		27					Fee Re	
City & Sta	ıte	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		ountry	1	8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
}	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent	
CIF	NER, CAROL A			"	Name			
	LAKE DORA ROAD			82	Street Ad	t Address (P.O. Box Number is Not Acceptable)		
	UNT DORA FL 32757			83				
	5011.11 52.0.					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
				84	City	The state of the s	, ' 85 Zip (Code
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office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such chang	ge was authoriz	zed by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as re	gistered
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90010 024 ***150.00