

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

FILED

May 14 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 # P96000098134 (5)

1. Corporation Name
MOUNT VERNON ANTIQUES, INC.



Principal Place of Business Mailing Address
5515 ARTHUR ST 5515 ARTHUR ST
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-4807

3. Date Incorporated or Qualified 12/02/1996
3a. Date of Last Report

2. Principal Place of Business 21 4861 Palmetto Ave Suite, Apt. #, etc. 22 City & State 23 Cocoa, FL 24 Zip 32926 25 Country USA	2a. Mailing Address 26 4861 Palmetto Ave Suite, Apt. #, etc. 27 City & State 28 Cocoa, FL 29 Zip 32926 30 Country USA	4. FEI Number 65-049351 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BUGALA, THOMAS A
5515 ARTHUR ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name BUGALA, Thomas A
82 Street Address (B.O. Box Number is Not Acceptable)
4861 Palmetto Ave
83
84 City Cocoa FL 85 Zip Code 32926

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: Registered Agent signature required when reinstating)

DATE

Thomas A. Bugala

4.30.97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	BUGALA, THOMAS A	
STREET ADDRESS	5515 ARTHUR ST	Note Address change
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	DELETE <input type="checkbox"/>
NAME	BUGALA, MARY C	
STREET ADDRESS	5515 ARTHUR ST	Note Address change
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Bugala, Thomas A	
1.3 STREET ADDRESS	4861 Palmetto Ave	
1.4 CITY-ST-ZIP	Cocoa, FL. 32926	
2.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Bugala, MARY C	
2.3 STREET ADDRESS	4861 Palmetto Ave	
2.4 CITY-ST-ZIP	Cocoa, FL. 32926	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 on an attachment with an address.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001780

Thomas A. Bugala

30 Apr 97

407 636 5178

CR2E034 (9/96)