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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000101688

1. Corporation Name

ST. AUGUSTINE ANTIQUE EMPORIUM, INC.

Pr

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90131 010 ***158.75

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rincipal Place of Business	Mailing Address				
SAN MARCO AVE AUGUSTINE FL 32259	317 HICKORY LANE JACKSONVILLE FL 32259				
AUGUSTINE FL 32239 SAUNSONVILLE FL 32			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifer	d	
			12/16/1996		
Principal Place of Business	2a. Mailing Address	110	4. FEI Number	 	plied For
	eo Augo 317 Hich	Var Hr-ry	59-3414588		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 1000	5. Certifcate of Status Desired	1612	Additional equired
ST. Hugusking		mulle		- 10	
City & State	City & State	\c	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country	28 TUVV	Country ,	8. This corporation owes the cu		7
32084 25/57.	32259	30 St John	Personal Property Tax.	☐Yes ✓	□No
000-01 10000	s of Current Registered Agent	, <u>G</u>	10. Name and Address of New	Registered Agent	
	-	81 Name			
ROSENTHAL, WILLIAM M J	JR	82 Street Add	ress (P.O. Box Number is Not Accer	Hable	_
317 HICKORY LANE		ou det / kad	1000 (1 10: 20x 1 10: 100 10 10 10 10 10 10 10 10 10 10 10 10		_
JACKSONVILLE FL 32259		83	_		
		84 City		85 Zip	Code
				FL	
. Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Statut in the State of Florida. Such change was a	es, the above-named corp	poration submits this statement for th	e purpose of changing its ent the appointment as re	registered gistered
office of registered agent, of both, i	III the State of Florida. Such change was a	duloused by the corporati	ion a poura or an octors. I moreby door	opt the appearance in sector	9
agent. kem familiar with, and accer	of the opligations of Section 607.0505, Fig	rida Statutes.			
agent. kam familiar with, and accept	ST 12001C	nda Statutes.			
agent. kam familiar with, and accer	of registered agent and title if applicable (NOTE	nda Statutes. :: Registered Agent signature require		DATE	
agent. kam familiar with, and accer ChiaTLIRE Signature, typed or printed name o	of registered agent and title if applicable (NOTE	nda Statutes. : Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	
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