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

CORPORATION ANNUAL REPORT 1002



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Dec 14 1998 8:00am Secretary of State

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DOCU	MENT # P 97000	129538			
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l				Co come many a come of the com	-1
	e of Business	Mailing Address		D	ti
4441	COLLINS AVE	- 4441 10	LLINS AVE	<b>=</b>	
min	MI DEMANT	=	BEACH, FL	DO NOT WRITE IN THIS SPACE	
11/11/11	DI BEACH, FL		•	3. Date Incorporated or Qualified	
	3314	0	33140	04/01/97	
2. Principal P	face of Business	2a. Mailing Address		4, FEI Number Ap	oplied For
21	· -	26	·		ot Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	2	5 Certificate of Status Desired 1 1	Additional
City & Stat	<u> </u>	City & State		Fee Re	<del></del>
23	ic.	28		6. Election Campaign Financing \$5.00  Trust Fund Contribution  Added to	•
Zip	Country	Zrp	Country	8. This corporation owes or has paid the current year Int	
24	25	29	30		No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent .	
D			81 Name	SOPHIE TEBELE	
FILL	NGS, INC			Address (P.O. Box Number is Not Acceptable)	<del></del>
2722	NW 16TH ST	-	16	711 COLLINS AVE	<u> </u>
777		<b></b> . 333./	83		
17.	LAKDEROALE, 1	EL 35511	84 City	85 Zip	Code
		1007 1000 51 100			3160
office or i	registered agent, or both, in the State of	of Florida. Such change was	s authorized by the corp	corporation submits this statement for the purpose of changing it poration's board of directors. I hereby accept the appointment as	is registered registered
1 '	am familiar with, and accept the obligat	tions of, Section 607.0505, I	Florida Statules.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and line if applicable (NO	OTE: Registered Agent signature	required when renstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	OIR; PRES. Change	Ad∵
HAME	MURRAY TEBEL	E	1.2 NAME		
STREET ADDRESS	SUITE 500, 2815 N	W 19131	1.3 STREET ADDRESS	SOPHIE TEBELE 16711 COLLINS AVE MIAMI BEACH, FL 33166	
CITY-ST-ZIP	AVENTURA, FL	2 33/10	1 4 CITY-ST-ZIP	MIAMI BEACH FL 33166	
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NAME	1		6.2 NAME	11/10	
STREET ADDRESS			6.3 STREET ADDRESS	I V	

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 informatic 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.

64 CITY-ST-ZIP

CITY-ST-7P

## P.04

## Alan Goldman

Attorney At Law • / Certified Public Accountant \* 16 Verbena Avenue • Floral Park, NY 11001 Telephone: (516) 354-0257 • Fax: (516) 354-0837

▲ MEMBER IN BAK
\* LICENSED IN NEW YORK AND FLORIDA

November 23, 1998

Florida Department of State Divisions of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Maurice Adams Antiques Limited Corp.

Document Number: P97000029538

Federal Identification Number: 65-0747429

Dear Sir./Madam:

Upon a review of the corporate records, it appears as though the check that accompanied the filing of the Profit Corporation Annual Report has not cleared the corporate checking account. Please confirm the receipt of the report, or, in the alternative, if you have not received the report, advise the taxpayer of your non-receipt.

For your convenience I have enclosed a copy of the report previously filed. Please note that the Document Number was originally omitted from the report, its existence being unknown at the time the report was prepared and submitted.

I thank you in advance for your anticipated courtesies and cooperation in this matter.

Sincerely,

an Goldman

AG.jb. Enc.