SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P97000033270 (4)

1. Corporate Name
ANTIQUARY JOE, INC.

Principal Place of Business
8723 GUNN HWY.
ODESSA FL 33556

Mailing Address
8723 GUNN HWY.
ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1997

4. FEI Number
59-3439418 | Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

2. Principal Place of Business
21
Suite/Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite/Apt. #
27
City & State
28
Zip 29 County 30

8. Has corporation owed or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
TRYBUS, RONALD H
8723 GUNN HWY.
ODESSA FL 33556

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 or 607.0506, 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. The 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	[X] Change	[ ] Add
12 NAME	JOSEPH R. HUGHES		
13 ADDRESS	8723 GUNN HWY		
14 CITY ST ZIP	ODESSA, FLA. 33556		
21 TITLE		[ ] Change	[ ] Add
22 NAME			
23 ADDRESS			
24 CITY ST ZIP			
31 TITLE		[ ] Change	[ ] Add
32 NAME			
33 ADDRESS			
34 CITY ST ZIP			
41 TITLE		[ ] Change	[ ] Add
42 NAME			
43 ADDRESS			
44 CITY ST ZIP			
51 TITLE		[ ] Change	[ ] Add
52 NAME			
53 ADDRESS			
54 CITY ST ZIP			
61 TITLE		[ ] Change	[ ] Add
62 NAME			
63 ADDRESS			
64 CITY ST ZIP			

14. I hereby certify that the information contained herein complies with the requirements of Section 607.0505(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 Item 5, 12 or 13 above, or attached hereto with an title.

SIGNATURE: President 9/30/98 (813) 920-4150

C98000034509