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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043702

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

AUNTIE M'S ANTIQUES, INC.

Principal Plac	e of Business	Mailing Address						ı	
1710 ALTERNA	TF 19	1710 ALTERNATE 19							
PALM HARBOR FL 34683		PALM HARBOR FL 34683					•		
US		US			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	1			1
Į.					05/08/1997				1
2 Principal D	Place of Business	2a. Mailing Address		·	4. FEI Number			A 11 1 F	4
<u> </u>	lace of business	⊢						Applied For	۱.,
21		26			59-3446021			Not Applicable	10
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	ŻΧ	\$8.75	Additional	1
22		27			o. Certificate of Ctatus Desired	A	Fee	Required	
City & Stat	le	City & State			6. Election Campaign Financing		\$5.0	0 May Be	1
23		28			Trust Fund Contribution		•	d to Fees	
Zip	Country	Zip	Countr	v		mant vact Inte			1
24		— · — —	_	,	8. This corporation owes the cur	tent year ma	Yes	□No	
24	[25]	29 3	<u> </u>		Personal Property Tax.	5-1-1			-
	9. Name and Address of Currer	nt Registered Agent		al	10. Name and Address of New	Registered /	Agent		1
•••			8	1 Name	•				
	PHERSON, GILBERT P		8:	2 Street Add	ress (P.O. Box Number is Not Accept	table)			┨
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11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	ve-named corp	poration submits this statement for the	purpose of	changing i	ts registered	1
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti- ations of Section 607 0505. Florid	norized by la Statute	y the corporati	ion's board of directors. I hereby acce	ipt the appoir	itment as	registered	
]	in lamilar with, and accept the conga	110/13 01, Occilor 007.0300, 1 10/10	o otatoto	.					ı
SIGNATURE									
	Standard typed or printed name of registered ager	nt and title if applicable (NOTE: Re	enistered An	ant eignature require	ad when reinstation)	DATE			
12	Signature, typed or printed name of registered age	., .	•	ent signature require	ed when reinstating)	DATE FICERS AN	D DIRECT	IORS IN 12	
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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

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90009 046 ***158.75