

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

00271

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054794

1. Corporation Name

DMH ANTIQUES, INC.

Principal Place of Business

686 S. YONGE ST.
ORMOND BEACH FL 32174

Mailing Address

686 S. YONGE ST.
ORMOND BEACH FL 32174

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90186 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

59-3464340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

HARRIS, DAVID M
2027 N. HALIFAX DR.
DAYTONA BEACH FL 32118

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 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.

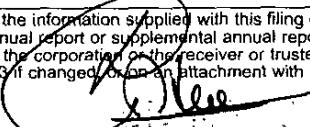
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	<input type="checkbox"/> DELETE 11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE RIVARD	11.2 NAME
STREET ADDRESS	37 COQUINA CT DR	11.3 STREET ADDRESS
CITY-ST-ZIP	ORMOND BCH FL 32175	11.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 21.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21.2 NAME
STREET ADDRESS		21.3 STREET ADDRESS
CITY-ST-ZIP		21.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 31.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		31.2 NAME
STREET ADDRESS		31.3 STREET ADDRESS
CITY-ST-ZIP		31.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 41.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41.2 NAME
STREET ADDRESS		41.3 STREET ADDRESS
CITY-ST-ZIP		41.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 51.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51.2 NAME
STREET ADDRESS		51.3 STREET ADDRESS
CITY-ST-ZIP		51.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 61.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61.2 NAME
STREET ADDRESS		61.3 STREET ADDRESS
CITY-ST-ZIP		61.4 CITY-ST-ZIP

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/1999

Date

Daytime Phone #

CR2E034 (11/98)