

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

FILED

**Jan 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054925 (7)

1. Corporation Name
J & L ANTIQUES, INC.



Principal Place of Business 10930 LAKEMORE LANE BOCA RATON FL 33498	Mailing Address 10930 LAKEMORE LANE BOCA RATON FL 33498
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1997	
21	Suite, Apt. #, etc. #101	26	PO Box 970443	4. FEI Number 65-0774268	Applied For <input type="checkbox"/> Not Applicable
22	City & State BOCA RATON	27	BOCA RATON	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 33497	28	Country FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country USA	29	Zip 33497	30	Country USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHREIBER, JOAN 10930 LAKEMORE LANE BOCA RATON FL 33498				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/INT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHREUBER, LEO			1.2 NAME	SCHREIBER LEO		
STREET ADDRESS	10930 LAKEMORE LANE			1.3 STREET ADDRESS	10930 LAKEMORE LANE #101		
CITY-ST-ZIP	BOCA RATON FL 33498			1.4 CITY-ST-ZIP	BOCA RATON FL 33498		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D/INT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHREUBER, JOAN			2.2 NAME	SCHREIBER JOAN		
STREET ADDRESS	10930 LAKEMORE LANE			2.3 STREET ADDRESS	10930 LAKEMORE LANE #101		
CITY-ST-ZIP	BOCA RATON FL 33498			2.4 CITY-ST-ZIP	BOCA RATON FL 33498		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE: Joan Schreiber **1/5/98 561 451-8498**

CR2E034 (10/97)