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FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90014 004 ***150.00

PRO
CORPORATION
ANNUAL REPORT
1999

DEPARTMENT OF STATE
Therine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000063805

1. Corporation Name
DUSTY CORNER ANTIQUES, INC.

Principal Place of Business
**1101 SOUTHEAST SIXTH STREET
FT. LAUDERDALE FL 33301**

Mailing Address
**1101 SOUTHEAST SIXTH STREET
FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1997

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BODOR, WILLIAM L
1101 SOUTHEAST SIXTH STREET
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute, as the registered agent or registered agent, or both, in the State of Florida. Such change was an agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R

Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	BODOR, WILLIAM L
STREET ADDRESS	1101 SOUTHEAST SIXTH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	VST <input type="checkbox"/> DELETE
NAME	BODOR, CAROLYN D
STREET ADDRESS	1101 SOUTHEAST SIXTH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied 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 a 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 REQUIRED** **2/17/99 (954) 462-6841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-11/1/98