

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-22-1999 90008 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P97000072864				
1. Corporation Name HOLLYWOOD TRADER ANTIQUE AUCTION HOUSE, INC.				
Principal Place of Business 2101 N FEDERAL HWY HOLLYWOOD FL 33320 US		Mailing Address 9201 SW 54 ST COOPER CITY FL 33328 US		
2. Principal Place of Business		2a. Mailing Address		
21	26	3. Date Incorporated or Qualified 08/21/1997		
Suite, Apt. #, etc.		4. FEI Number 65-0777958		
22	27	Applied For Not Applicable		
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29		30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
KAPLAN, BONNIE 9201 SW 54 ST COOPER CITY FL 33328		81 Name BONNIE KAPLAN		
		82 Street Address (P.O. Box Number is Not Acceptable) 9201 SW 54 ST		
		83		
		84 City Cooper City FL 85 Zip Code 33328		
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. Due to Typo (if necessary) Bonnie Kaplan 7/14/99				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, BONNIE	1.2 NAME		
STREET ADDRESS	2101 N. FEDERAL HIGHWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

7/14/99

Fl. Dept of State
Division of Corporations
409 E. Gaines St.

Tallahassee, Fl. 32399

P97000072864
593553-90008-9
~~Tallahassee~~ ~~Trader~~
9201 SW 54 St
Cooper City, Fl 33338

Phone - 305-364-1315
Fax 305-~~55~~7-1163

Dear Madam/Sir:

as per the telephone conversation today with your office, I am submitting my Annual Report with a check in the amount of \$150. for Annual fee.

Nothing was received for initial notice on I would have sent it before this. My migration was in August, I thought it was due at that time without your notice.

on a copy of 1 person with a job, trying to make it work. I'd certainly appreciate any consideration that you could give to adjust the large penalty which is a lot of money to me. Thank you if you can help me. Dannie Keph