

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

Amended

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000079310

1. Corporation Name

ANTIQUE CENTER OF POMPANO BEACH, INC.

Principal Place of Business

Mailing Address

2805 S.W. 31ST AVENUE  
PEMBROKE PARK, FL 33009

SAME

APPROVED  
AND  
FILED

99 AUG 23 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800002974368--1  
-08/31/99--01037--001  
DO NOT WRITE IN THESE SPACES

2. Principal Place of Business

2a. Mailing Address

21 AS ABOVE  
Suite, Apt. #, etc.

26 AS ABOVE  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

9/12/97

4. FEI Number

65-0780121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

DANIEL G. GASS, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

10001 N.W. 50TH STREET

83

SUITE 204

84 City

SUNRISE

FL

85 Zip Code

33351

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

DANIEL G. GASS, ESQ.

8/5/99

12. OFFICERS AND DIRECTORS

1.1 TITLE

PRESIDENT

CHAMELINE MASRI

AS ABOVE

1.2 NAME

SECRETARY

DONNA MASRI

AS ABOVE

1.3 STREET ADDRESS

AS ABOVE

1.4 CITY-ST-ZIP

AS ABOVE

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AS ABOVE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)