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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000087330 (1)

ANTIQUE GUILD WHOLESALE INC.

## **FILED** May 14 1998 8:00am Secretary of State



| Principal Place of Business  | Mailing Address                        |   |  |
|--|--|---|--|
| 183 10TH ST SOUTH  | 183 10TH ST SOUTH                      |   |  |
| NAPLES FL 34102  | NAPLES FL 34102                        |   | DO NOT WRITE IN THIS SPACE   |
|  |  |   | 3. Date Incorporated or Qualified  |
|  |  |   | 10/08/1997   |
| 2. Principal Place of Business   | 2a. Mailing Address                    |   | 4. FEI Number Applied For  |
|  | 26 5510 Shi                            | alou St                                   | 59-3472917 Not Applicable  |
| Suite, Apt. #, etc   | Suite, Apt. #, etc.                    | sicy oc                                   | SR 75 Additional   |
| <del></del> -1   | 27                                     | •   | 5. Certificate of Status Desired Fee Required                              |
| City & State   | City & State                           |   | 6. Election Campaign Financing \$5,00 May Be                               |
| <del></del>  | 28 NAPLES,                             | El  | Trust Fund Contribution Added to Fees                                      |
| Zip Country  | Zip ,                                  | Country .                                 | B. This corporation owes or has paid the current year intangible           |
| <del> </del>   | . 1                                    | so Collier                                | Personal Property Tax due Jurie 30. Yes No                                 |
| 9, Name and Address of Current Ro                                      |  | <u> </u>                                  | 10. Name and Address of New Registered Agent                               |
| MAGUIRE, TONIA   |  | 81 Name                                   |  |
| 2776 LONGBOAT DRIVE  |  |   |  |
|  |  | 82 Street Addr                            | ress (P.O. Box Number is Not Acceptable)                                   |
| NAPLES FL 33942  |  | 83  |  |
|  |  | [.]                                       |  |
|  |  | 84 City                                   | FL 85 Zip Code #   |
| 14 Purpuent to the provisions of Sections 607.0502 as                  | od 607 1609. Electeda Ptatular         | the above named corn                      | poration submits this statement for the purpose of changing its registered |
| office or registered agent, or both, in the State of F                 | Iorida. Such change was at             | thorized by the corporat                  | tion's board of directors. I hereby accept the appointment as registered   |
| agent. I am familiar with, and accept the obligation                   | ns of, Section 607. <b>0</b> 505, Flor | ida Statutes.                             |  |
| SIGNATURE  |  |   |  |
| Signature, typed or pouled name of registered agent an  OFFICERS AND D |  | Registered Agent signature require 13.    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |
| TITLE D  | DELETE                                 | 1.1 TITLE                                 | Change Addition  |
| " " "  | Fiel Office                            | 1.2 NAME                                  | Leg Change Zi Fadinon  |
| 110 100 110  |  |   |  |
| STREET ADDRESS 2776 LONGBOAT DRIVE                                     |  | 1.3 STREET ADDRESS                        | NAPLES, FI. 34104  |
| D NAPLES FL 33942  | DELETE                                 | 1,4 CITY - ST - ZIP                       | NAPLES, F1. 34104 Dehange Addition   |
|  | ☐ DECE IE                              | 2.1 TITLE                                 | Change Addition  |
| CARDNEN, LINUA   |  | 2.2 NAME                                  | '  |
| STREET ADDRESS 740 96TH AVE N  |  | 2.3 STREET ADDRESS                        | 21/00  |
| CITY-ST-ZIP NAPLES FL 33942  | — — — — — — — — — — — — — — — — — — —  | 2.4 CITY-ST-ZIP                           | NAPLES, FI 34109   |
| TITLE  | ☐ DELETE                               | 3.1 TITLE                                 | ☐ Change ☐ Addition  |
| MAGUIRE, TONIA   |  | 3.2 NAME                                  |  |
| STREET ADDRESS 2776 LONGBOAT DRIVE                                     |  | 3.3 STREET ADDRESS                        | 1 .1   |
| CITY-ST-ZIP NAPLES FL 33942  |  | 3.4. CITY - ST - ZIP                      | NAPLES FI 34104  |
| TITLE D  | ☐ DELETE                               | 4.1 TITLE                                 | Change Addition  |
| NAME GARDNER, KEN  |  | 4. 2 NAME                                 |  |
| STREET ADDRESS 740 96TH AVE N  |  | 4.3 STREET ADDRESS                        | _  |
| CITY-ST-ZIP NAPLES FL 33942  |  | 4.4 CITY - ST - ZIP                       | NAPLES, F1, 34109  |
| TITLE  | ☐ DELETE                               | 5.1 TITLE                                 | ☐ Change ☐ Addition  |
| NAME   |  | 5.2 NAME                                  |  |
| STREET ADDRESS   |  | 5.3 STREET ADDRESS                        |  |
| CITY-ST-ZIP  |  | 5.4 CITY-ST-ZIP                           |  |
| TITLE  | DELETE                                 | 6.1 TITLE                                 | Change Addition  |
| NAME   |  | 6.2 NAME                                  |  |
|  |  |   | 4  |
| STREET ADDRESS   |  | 6.3 STREET ADDRESS                        |  |
| STREET ADDRESS CITY-ST-ZIP   |  | 6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |  |

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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.