

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90097 048 ***150.00

DOCUMENT # P97000087495

1. Corporation Name
CENTER STAGE ANTIQUES, INC.



Principal Place of Business
7102- 2ND STREET NO
ST PETERSBURG FL 33702

Mailing Address
7102- 2ND STREET NO
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1997

4. FEI Number

59-3485916

Applied For

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

2. Principal Place of Business

21 14065 N. Bayshore Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite Apt. #, etc.

22 City & State

23 Madeira Beach FL

24 33708 25 USA

27 City & State

28 29 Zip Country

9. Name and Address of Current Registered Agent

ENRIGHT, JACQUELINE
7102- 2ND STREET NO
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

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

83 14065 N. Bayshore Dr

84 City Madeira Beach

FL

85 Zip Code

33708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CADZOW, WILLIAM
STREET ADDRESS 7102- 2ND STREET NO
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE D ☐ DELETE
NAME ENRIGHT, JACQUELINE
STREET ADDRESS 7102- 2ND STREET NO
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME CADZOW, WILLIAM
1.3 STREET ADDRESS 14065 N. Bayshore Dr
1.4 CITY-ST-ZIP Madeira Beach, FL 33708

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ENRIGHT, JACQUELINE
2.3 STREET ADDRESS 14065 N. Bayshore Dr
2.4 CITY-ST-ZIP Madeira Beach, FL 33708

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 727-573-6126
Date Daytime Phone #

CR2E034 (11/98)