

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

FILED

Sep 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000090538 (4)**

1. Corporation Name

**HISTORIC VILLAGE EMPORIUM, INC.**

Principal Place of Business

**119 SE 12TH AVE  
FT LAUDERDALE FL 33301**

Mailing Address

**119 SE 12TH AVE  
FT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/20/1997**

4. FEI Number

**59-3476050**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
**21 206 07 W. Pennsylvania Ave**

Suite, Apt. #, etc.

**22 City & State  
Dunnellon, Florida**

**24 Zip Country  
32630 Marion**

2a. Mailing Address  
**26 206 07 W. Pennsylvania Ave**

Suite, Apt. #, etc.

**27 City & State  
Dunnellon, Florida**

**29 Zip Country  
32630 Marion**

9. Name and Address of Current Registered Agent

**MARTIN, ROBERT F III  
119 SE 12TH AVE  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

**81 Name**

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

**83 20607 W. Pennsylvania Avenue**

**84 City  
Dunnellon,**

**FL**

**85 Zip Code  
32630**

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 NAME**  
**119 ROBERT MARTIN III** ☐ DELETE  
**STREET ADDRESS**  
**20607 W. Pennsylvania Avenue**  
**CITY- ST- ZIP**  
**Dunnellon, Florida 32630**

**TITLE NAME** ☐ DELETE  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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**STREET ADDRESS**  
**CITY- ST- ZIP**

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**CITY- ST- ZIP**

**TITLE NAME** ☐ DELETE  
**STREET ADDRESS**  
**CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY- ST- ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY- ST- ZIP**

**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.

SIGNATURE:

*Robert Martin III*

**ROBERT MARTIN III**  
**MRS.**

**8/21/98**

CR2E034 (10/97)