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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100290 (0)

THE ANTIQUES & ART GALLERIE, INC.

ncipal Place of Business	Mailing Address
185 E ATLANTIC AVENUE	1165 E ATLANTIC AVENUE
ELRAY BEACH FL 33444	DELRAY BEACH FL 33444

FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified			
						11/25/1997			
2. Principal I	Place of Business	2a. Mailing Addres	2a. Mailing Address				pplied For		
21		26				65-0795739 Not Applic			
Suite, Apt	#, etc.	Suite, Apt. #. e	Suite, Apt. #. etc.				\$8.75 Additional Fee Required		
City & Sta	te	City & State	 , ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry	,	This corporation owes or has paid the current year In			
24	-ŋ ├──┐ ├─┐ ├─┐			Personal Property Tax due June 30 Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
					81 Name				
TILLEM, SCOTT E									
10 FAIRWAY DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)					
	SUITE 219				 				
DE	ERFIELD BEACH FL 33441			83					
				84	City	85 Zip	Code		
				l	<u> </u>	FL °° ^{2'°}			
agent, 1 a						corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment as			
40	Signature, typed or printed name of registered			d Age	int signature ri	required when reinstating) DAT(00 111 40		
12.		AND DIRECTORS	13.		₋	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	HS IN 12 Addition		
	PVST				Į	Change	[] Abdillor		
NAME	BARI, FRED	/F BB	1.2 N		1				
STREET ADDRESS	10747 BUTTONWOOD LAK	KE DR			I ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33498				ST - ZIP		777		
TITLE	D	DELE	1] Change	Addition		
NAME	BARI, FRED		2.2 N	AME					
STREET ADDRESS	10747 BUTTONWOOD LAK	(E DR	2.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33498			HY-	ST-ZIP				
TITLE		☐ DELE	TE 3.1 TI	1LE		Change	Addition		
NAME	1		. 3.2 Na	AME	1				
STREET ADDRESS			3 3 S1	TREET	ADDRESS				
CITY-ST-ZIP	1		3.4. C	TY-5	ST-ZIP				
TITLE		☐ DELE	4.1 TI	1LF		Change	Addition		
NAME	1		4.2 N	AME	{				
STREET ADDRESS	{		4.3 ST	REET	ADDRESS				
CITY - ST - ZIP			4.4 C)	IY-S	S1 - ZIP				
TITLE		DELE				Change	Addition		
NAME]		5.2 N	AME	1				
STREET ADDRESS			5381	REET	ADDRESS				
CITY-ST-ZIP	1		J		S1 · ZIP				
TITLE		DELE				Change	Addition		
NAME	İ		6.2 N/		İ	Shariya			
STREET ADDRESS	1				ADDRESS				
CITY-ST-7IP					.				
CHIV. CL. AD	I		■ 64 CI	1Y-S	ST-ZIP				

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; 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:

Fred Bon

3.16.98 56/ 212 4768