

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000101918 (5)**
1. Corporation Name

MADEIRA BEACH ANTIQUE CENTER, INC.



Principal Place of Business

**15040 MADEIRA WAY
MADEIRA BEACH FL 33708**

Mailing Address

**15040 MADEIRA WAY
MADEIRA BEACH FL 33708**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1997	
21 15040 MADEIRA WAY	26 SAME	4. FEI Number 59-3479410		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 N/A	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 MADEIRA BEACH, FLA.	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33708	25 USA	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CARTER, KENNETH W 15040 MADEIRA WAY MADEIRA BEACH FL 33708				81 Name N/A - SAME	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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

Kenn. Carter
(NOTE: Registered Agent signature required when reinstating)

24 MAR 98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LYNETTE BROWN	1.2 NAME		
STREET ADDRESS 4821 108TH ST. N.	1.3 STREET ADDRESS		
CITY-ST-ZIP ST. PETE, FL 33708	1.4 CITY-ST-ZIP		
TITLE KATHY CARTER - V.P. <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KATHY CARTER - V.P.	2.2 NAME		
STREET ADDRESS 16919 1ST ST. E.	2.3 STREET ADDRESS		
CITY-ST-ZIP N. RAYINGTON BEACH, FL 33708	2.4 CITY-ST-ZIP		
TITLE DAVID BROWN - TREAS. <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DAVID BROWN - TREAS.	3.2 NAME		
STREET ADDRESS 4821 108TH ST. N.	3.3 STREET ADDRESS		
CITY-ST-ZIP ST. PETE, FL, 33708	3.4 CITY-ST-ZIP		
TITLE KEN CARTER - SEC. <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KEN CARTER - SEC.	4.2 NAME		
STREET ADDRESS 16919 1ST ST. E.	4.3 STREET ADDRESS		
CITY-ST-ZIP N. RAYINGTON BEACH, FL 33708	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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

[Signature]
Kenn. Carter

24 MAR 98 392-1301

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