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PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101918

1. Corporation Name

MADEIRA BEACH ANTIQUE CENTER, INC.

Principal Place of Business	Mailing Address
15040 MADEIRA WY MADEIRA BEACH FL 33708 US	15040 MADEIRA WY MADEIRA BEACH FL 33708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **12/01/1997**

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **59-3479410**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24] Country [25]	Zip [29] Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, KENNETH W 15040 MADEIRA WAY (Removed) MADEIRA BEACH FL 33708	[81] Name DAVID BROWN [82] Street Address (P.O. Box Number is Not Acceptable) 4821 108th St North [83] [84] City St. Petersburg 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 _David Brown / V.T.S._
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P ☐ DELETE NAME BROWN, LYNETTE STREET ADDRESS 4821 108TH ST N CITY-ST-ZIP ST PETERSBURG FL 33708		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTS ☐ DELETE NAME BROWN, DAVID STREET ADDRESS 4821 108TH ST N CITY-ST-ZIP ST PETERSBURG FL 33708		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _David Brown / DAVID BROWN_   4-15-99   727-394-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)