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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 16 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103748 (4)

VILLAGE ANTIQUE SHOP INC.

| Principal Place of Business Mailing Address  |   |                     |   | T THE ISOUR THE THIR THOUS HOUSE BOYS DOTAIL THE ENGLY HEALT BILLE SORE |
|--|---|---------------------|---|---|
| 1251 TAYLOR LANE EXT., STE 6C PO BOX 931   |   |                     |   |   |
| LEHIGH FL 3  |   | LEHIGH FL 33970     |   |   |
|  |   |                     |   | DO NOT WRITE IN THIS SPACE  |
| ·  |   |                     |   | 3. Date Incorporated or Qualified                                       |
| 6 Principal D  | Ness of Programs                              | 2a. Mailing Address |   | 12/08/1997  |
| <b>├</b> ── '  |   |                     | 4. FEI Number OSO1844 Applied For             |   |
| 26     Sulte, Apt. #, etc.   Suite, Apt. #, etc.   |   |                     | \$0.7E (1.10)                                 |   |
| 22 27  |   |                     | 5. Certificate of Status Desired Fee Required |   |
| City & State City & State  |   | - <del></del>       | Election Campaign Financing \$5.00 May Be     |   |
| 28   |   | 28                  |   | Trust Fund Contribution Added to Fees                                   |
| Zip  | Country                                       | Ζιρ                 | Country                                       | 8. This corporation owes or has paid the current year Intangible        |
| 24   | 25  | 29                  | 30  | Personal Property Tax due June 30.  Yes No                              |
|  | <ol><li>Name and Address of Current</li></ol> | nt Registered Agent |   | 10. Name and Address of New Registered Agent                            |
| SINKOVITS, ANGELA 81 Name  |   |                     |   | Erich Schreiner   |
| A4AA 4 AVE EDANT DONE  |   |                     | 82 Street Add                                 | to an AD Co. Part Misselves to Mark Assessment (a)                      |
| FORT MYERS FL 33908  |   |                     |   | asi Taylor (ant Ext. Suit 6F  |
| ·  |   |                     | 83  |   |
|  |   |                     | 84 City                                       | 1 - 1 - R5 Zin Code .   |
| i i i i i i i i i i i i i i i i i i i  |   |                     |   | enigh FL 33936  |
| 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 another the obligations of, Section 607.0505, Florida Statutes. |   |                     |   |   |
|  |   |                     |   |   |
| SIGNATURE SIGNATURE 3/18/98  |   |                     |   |   |
|  |   | <del></del>         | Registered Agent signature requ               |   |
| 12.  | OFFICERS AN                                   | D DIRECTORS  DELETE | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |
| NAME   | SCHREINER, ERICH                              |                     | 1.2 NAME                                      | Li diango Li Additor  |
| 1  | STREET ADDRESS 1251 TAYLOR LANE EXT., STE 6C  |                     | 1.3 STREET ADDRESS                            |   |
| CITY-ST-ZIP  | LEHIGH FL 33936                               | 12 00               | 1.4 CITY-ST-ZIP                               |   |
| TITLE  | <u>CELITORI LE GOUDO</u>                      | ☐ DELETE            | 2.1 TITLE                                     | Change Addition   |
| NAME   |   |                     | 2.2 NAME                                      |   |
| STREET ADDRESS   |   |                     | 2.3 STREET ADDRESS                            |   |
| CITY - ST - ZIP  |   |                     | 2. 4 CITY-ST-2/P                              |   |
| TITLE  |   | DELETE ·            | 3.1 TITLE                                     | Change Addition   |
| NAME   |   |                     | 3.2 NAME                                      |   |
| STREET ADDRESS   |   |                     | 3.3 STREET ADDRESS                            |   |
| CITY-ST-ZIP  |   |                     | 3.4. CITY-ST-ZIP                              |   |
| TITLE  |   | DELETE              | 4.1 TITLE                                     | Change Addition   |
| NAME   |   |                     | 4. 2 NAME                                     |   |
| STREET ADDRESS   |   |                     | 4.3 STREET ADDRESS                            |   |
| CITY - ST - ZIP  |   |                     | 4.4 CITY-ST-ZIP                               |   |
| TITLE  |   | ☐ DELETE            | 5.1 TITLE                                     | Change Addition   |
| NAME   |   |                     | 5.2 NAME                                      |   |

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 supplier and an 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 occupion 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 open attacking with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE