

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90115 023 ***150.00

DOCUMENT # P98000001322

1. Corporation Name

ANTIQUES AND NOT, INC.

Principal Place of Business
1002 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

Mailing Address
1002 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

59-3484714

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name MELISSA D. CIAVARELLA

82 Street Address (P.O. Box Number is Not Acceptable)
424 KENTUCKY AVE.

83

84 City ST. CLOUD FL 85 Zip Code 34769

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 MELISSA D. CIAVARELLA, PRES.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CIAVARELLA, MELISSA D
STREET ADDRESS 1004 PENNSYLVANIA AVENUE
CITY-ST-ZIP ST CLOUD FL 34769

☐ DELETE

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME CIAVARELLA, MELISSA D
1.3 STREET ADDRESS 1004 PENNSYLVANIA AVE
1.4 CITY-ST-ZIP ST CLOUD, FL 34769

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

MELISSA D. CIAVARELLA
4-20-99

Date

Daytime Phone #

CR2E034 (1/98)