


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90128 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000053056

1. Corporation Name

ANTIQUES VAL DE LOIRE, INC.

Principal Place of Business

~~2130 MAIN STREET~~
~~SARASOTA FL 34237~~

1175 Commerce Blvd N
SARASOTA, FL 34243

Mailing Address

~~2130 MAIN STREET~~
~~SARASOTA FL 34237~~

1175 Commerce Blvd N
SARASOTA, FL 34243

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

~~JAENSCH, P. CHRISTOPHER~~
~~2130 MAIN STREET~~
~~SARASOTA FL 34237~~

no longer Reg. Agent

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

65-0842772

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

10. Name and Address of New Registered Agent

81 Name **BENJAMIN J. BOND**
 82 Street Address (P.O. Box Number is Not Acceptable)
290 COCONUT AVE.

84 City **SARASOTA**

FL 85 Zip Code
34236

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

BENJAMIN J. BOND - BENJAMIN J. BOND CPA
 Signature, typed or printed name of registered agent and title if applicable.

4/13/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FIAUD, BERTRAND	
STREET ADDRESS	25, RUE DE LA PAILLETTE	
CITY-ST-ZIP	49800 SARRIGNE FRANCE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 807, 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:

Bertrand FIAUD - President
 Signature and typed or printed name of signing officer or director

Date

03/08/99

Daytime Phone #

(941) 351 03 74

CR2E034 (1/98)