PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

30 July 14

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90100 043 ***150.00

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VINTAGE	E ANTIQUES, INC.			LEADER HER HAR HAR GUEL LEIN ANN ANN ANN ANN ANN ANN ANN ANN ANN A	nna auso ianu t er ri aan 2001	
Principal Place	e of Business	Mailing Address		- I TRAILES! (IB ISIS) ISIN SENI SENI SENI SENI SENI	iten deten enter ennet ante cant	
143 S. ROSCOE BLVD. 143 S. ROSCOE BLVD.						
PONTE VEDRA	BCH FL 32082	PONTE VEDRA BCH FL 3208	2	DO NOT WRITE IN THIS S	SPACE	
)				3. Date Incorporated or Qualifed		
ļ				07/27/1998		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
2126				59-3542940	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5, Certifcate of Status Desired	\$8.75 Additional Fee Regulred	
22		City & State		6. Election Campaign Financing	- \$5.00 May Be -	
City & Stat	ь	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Inter	ngible	
24	25		0	reporter topolity tox:	☐ Yes ☐ No	_
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered A	gent	
Divide Common	SCREEN DARF		81 Name			
BINGEMANN, PAM			82 Street Add	iress (P,O, Box Number is Not Acceptable)		
143 S. ROSCOE BLVD. PONTE VEDRA BCH FL 32082			83			
POR	TE VEDRA BOTT PE 32002		ا ا			
1			84 City	FL	85 Zip Code	
Durana d	to the provisions of Sections 507 0502	2 and 607 1508 Florida Statutes	the above-parmed corr	and in a price this statement for the oursess of c	hanging its registered	
office of t	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corporati	on's board of directors. I hereby accept the appoint	tment as registered	
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SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	egistered Agent signature require	ed when rainstating) DATE		•
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	egistered Agent signature require			122:
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	A and title if applicable (NOTE: R D DIRECTORS	epistered Agent signature require 13. 13 TITLE	ed when rainstating) DATE		/^-:-/.
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND	A and title if applicable (NOTE: R D DIRECTORS	egistered Agent signature require 13. 1.3 TITLE 1.2 NAME	ed when rainstating) DATE		/****
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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 armfuel report is true and accurate and had 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 trustre empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if crianged, or open attachment with an address, with all other like empowered.

SIGNATURE: