

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

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90015 029 \*\*\*150.00

0066949

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000069238

1. Corporation Name  
**TIMELESS TREASURES ANTIQUE MALL, INC.**



Principal Place of Business: 1824 CROWNWOOD DR. ORLANDO FL 32810  
 Mailing Address: 1824 CROWNWOOD DR. ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3527856	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBERTS, STEPHEN E**  
 701 E. WASHINGTON ST.  
 ORLANDO FL 32801

10. Name and Address of New Registered Agent  
 81 Name: *Danny Edwards*  
 82 Street Address (P.O. Box Number is Not Acceptable): *5643 Satel Dr*  
 83  
 84 City: *Orlando* FL 85 Zip Code: *32810*

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: *Danny Edwards* DATE: *7-2-99*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input type="checkbox"/> DELETE
NAME	EDWARDS, DANNY
STREET ADDRESS	5643 SATEL DR.
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	DVPT <input type="checkbox"/> DELETE
NAME	WALKER, TIMOTHY
STREET ADDRESS	1824 CROWNWOOD DR.
CITY-ST-ZIP	ORLANDO FL 32810
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>1999 W Fairbanks Av</i>
1.4 CITY-ST-ZIP	<i>Winter Park FL 32789</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>1999 W Fairbanks Ave</i>
2.4 CITY-ST-ZIP	<i>Winter Park FL 32789</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Danny Edwards* DATE: *7-2-99* (402) 599-7277  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/1/98)

# RCM Associates, Inc.

Professional Accounting and Tax Services  
701 E WASHINGTON STREET  
ORLANDO, FL 32801

P98000069238  
583393-90015-29

OFFICE 407-246-0073  
FACSIMILE 407-246-1991

July 2, 1999

Division of Corporations  
Annual Reports Filings  
POB 1500  
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

Timeless Treasures Antique Mall, Inc. never received the first annual report to file with your office timely. We are requesting that you accept this filing with corrected addresses for the corporation as a timely filing with no penalty charged. A check is enclosed as payment on the account.

If you have any questions, please feel free to call me directly. I have been instructed to provide you with any information you need to resolve this matter.

Sincerely,

  
Stephen E Roberts