


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000079436</b> 1. Corporation Name <b>HOWARD'S ANTIQUES, INC.</b>			
Principal Place of Business 17 S. FEDERAL HWY. DANIA FL 33004		Mailing Address 17 S. FEDERAL HWY. DANIA FL 33004	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 09/08/1998	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country
25	26	27	28
2a. Mailing Address		4. FEI Number 65 0895811	
21 Suite, Apt. #, etc.	22 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	24 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	26	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KODNER, HOWARD 17 S. FEDERAL HWY. DANIA FL 33004		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME		
NAME	D KODNER, HOWARD		
STREET ADDRESS	17 S. FEDERAL HWY.		
CITY-ST-ZIP	DANIA FL 33004		
TITLE	NAME		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME		
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE	2.2 NAME		
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME		
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME		
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME		
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME		
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

SIGNATURE: \_\_\_\_\_

SIGNATURE WHO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)