


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90130 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>P98000096396</i>		
1. Corporation Name <i>AROUND THE WORLD ANTIQUES</i>		

Principal Place of Business <i>2068 NW 100 WAY</i> <i>CORAL SPRINGS FL 33071</i>	Mailing Address
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2. Principal Place of Business 21 <i>Same as above</i>	2a. Mailing Address 26 <i>Same as above</i>
Suite, Apt. #, etc. 22 <i>/</i>	Suite, Apt. #, etc. 27 <i>/</i>
City & State 23 <i>/</i>	City & State 28 <i>/</i>
Zip 24 <i>/</i>	Country 25 <i>/</i>

9. Name and Address of Current Registered Agent <i>JEAN-FRANCOIS TONNELIER</i> <i>2068 NW 100 WAY</i> <i>CORAL SPRINGS FL 33071</i>

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
4. FEI Number <i>65-089138</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year in angible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <i>[Signature]</i>	12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE 1.1 TITLE <i>JEAN-FRANCOIS TONNELIER</i> <i>President</i> 1.2 NAME <i>2068 NW 100 WAY</i> <i>Coral Springs 33071</i> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 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
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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 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 1007, Florida Statutes; and that my name appear in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **02/22/99 (954)**
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR **Date** **255-35-94**

CR2E034 (1/98)