FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S71604** **(0)**

1. Corporation Name

PALM BEACH ANTIQUES, INC.

Principal Place of Business	Mailing Address
% CADWALADER WICKERSHAM & TAFT 440 ROYAL PALM WAY STE 300 PALM BEACH FL 33480	225 PERUVIAN AVE. PALM BEACH FL 33480 US

2. Principal Place of Business: 21 225 PERUVIAN AVE	2a. Mailing Address: 26 SAme
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 PALM BEACH, FL	City & State: 28
Zip: 24 33480 Country: 25 US	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 08/05/1991
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0287260 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GART, DAVID A.
440 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: ALFRED P. Rochelle-THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 225 PERUVIAN AVE
83
84 City: PALM BEACH FL 85 Zip Code: 33480

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 [signature] A.P. ROCHELLE-THOMAS DATE 19 Mar 96

(Signature of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD ☒ Change ☐ Addition
NAME	ROCHELLE-THOMAS, PETER		1.2 NAME	Rochelle-THOMAS Peter
STREET ADDRESS	300 CHAPEL HILL RD		1.3 STREET ADDRESS	6801 SOUTH FLAGLER DR
CITY-ST-ZIP	PALM BCH FL		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROCHELLE-THOMAS, ALFREDA		2.2 NAME	
STREET ADDRESS	300 CHAPEL HILL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] AP ROCHELLE THOMAS 19 Mar 96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #