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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRIN



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S72590

(0)

ART NOUVEAU ANTIQUES, INC.

| Prir | ncipat Place | of Business | Mailing Address | Mailing Address | | | | 4 300 (1000 S17 300 M 1400) 011EW 9031 0031 | D10 34 01036 01 | i Bas debit didi | i Bibli fabi | |
|--|----------------------------|--|--|---------------------------|--------------------|----------------|--|--|--------------------------------|------------------|-----------------------------|--|
| 730 COQUINA COURT 730 COQUINA COURT BOCA RATON FL 33432-3004 BOCA RATON FL 33432-3 | | | | |) 4 | | | ļ | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 08/12/1991 | 3a, Date of Last Report 01/30/1996 | | | | |
| 2. 21 | Principal Pl | ace of Business | 2a. Mailing Address | | | | | 4. FEI Number 65-0280074 | | — | pplied For ot Applicable | |
| | Suite, Apt | W, etc. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| | City & State |) | City & State | City & State | | | , | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 | Zip | Country Zip Co | | | Country | | | Trust Fund Contribution 8. This corporation has liability for i | | | | |
| 24 | · | 25 | 29 | 30 | | | | Florida Statutes Yes No | | | | |
| | | g. Name and Address of Curr | ent Registered Agent | | 81 | Nor | | 10. Name and Address of New Re | gistered / | \gent | | |
| | | ER, RICHARD | | | | | | | | | | |
| 730 COQUINA COURT BOCA RATON FL 33436 | | | | 82 Street Ad | | | et Addre | Idress (P.O. Box Number is Not Acceptable) | | | | |
| | 500 | 71 1411 011 1 2 00100 | | | 83 | | | , | | | | |
| | | | | | 84 | City | | | FL | 85 Zip | Code | |
| 11. | Pursuant t | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Statu | ites, the at | | e-nan | ed corp | oration submits this statement for the p | urpose of | changing | its registered | |
| | office or re agent. Lar | egistered agent, or both, in the Sta m familiar with, and accept the obl | ite of Florida. Such change was ligations of, Section 607.0505, F | authorized Iorida Stat | d by utes | / the d s. | orporati | on's board of directors. I hereby accep | of the app | ointment a | s registered | |
| SIC | SNATURE | | | | | | | | | | | |
| | | Signature, typod or printed name of registered | | | Age | ngla Ins | lure require | ed when reinstating) | DATE | OIDEOTO | DO (1) 40 | |
| 12. TITL | | D OFFICERS A | AND DIRECTORS DELETE | 13. | 71 E | | | ADDITIONS/CHANGES TO OFFIC | EHS AND | Change | Addition | |
| NAM | 1 | HABER, MERLE | | 12 N/ | | | | • | | | | |
| | EFT ADDRESS | 730 COQUINA COURT | | | 1.3 STREET ADDRESS | | 20 | | | | | |
| i | 7-S1-ZIP | BOCA RATON FL | | | 14 City+S7-Zip | | ~ | | | | | |
| TITL | | D | DELETE | | | ,, <u>F</u> II | | | | Change | Addition | |
| NAS | | | | 22 NAME | | | | | | | | |
| | EET ADDRESS | 730 COQUINA COURT | | 2.3 ST | REET | ADDRE | is | • | | | | |
| CITY | r-St-ZiP | BOCA RATON FL | | 2.40 | ITY-9 | ST-ZIP | 1 | | | | | |
| Mi | F | | DELETE | 3.1 TI | TLE | | | | | Change | Addition | |
| NAN | Æ | | | 3.2 N | ME | | | | | | | |
| STR | EET ADDRESS | | | 3.3 \$1 | REET | ADORE | SS | | | | | |
| CITY | r-St-ZIP | | | | _ | ST-ZIP | | | | | F** | |
| TITL | .F | | ☐ DELETE | 4.1 Ti | | | | | | Change | ■ Addition | |
| NAK | AE . | | | 4. 2 N | AME | | | | | | | |
| STA | EET ADDRESS | | | 4.3 S1 | REET | ADDRE | SS | | | | | |
| | Y-ST-ZIP | ,, | DELETE | | | ST-ZIP | | | | Change | Addition | |
| TITL | 1 | | €_1 DECEIE | 5.1 T/ 5.2 N/ | | | | | | L Change | L ADDITION | |
| NAM | 1 | | | | | r addre | | | | | | |
| 1 | EET ADDRESS | | | | | | 25 | | | | | |
| ווו | Y-ST-ZIP .E | | ☐ DELETE | 5.4 CI | | ST-21P | | | | Change | Addition | |
| NA | | | | 6.2 N | | | 1 | | | | | |
| 1 | EET ADDRESS | | | | | addre | ss | | | | | |
| | Y-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | | | | | |
| | I do heret | by certify that the information supp | lied with this filing does not qua | lity for the | exe | emptic | n stated | in Section 119.07(3)(i), Florida Statute | s. I further | certify tha | it the | |
| | Laman of | n indicated on this annual report of flicer or director of the corporation n Block 12 or Block 13 if changed | or the receiver or trustee emon | wered to a |)Xec | cute th | is repor | my signature shall have the same legates as required by Chapter 607, Florida S | Statutes; a | nd that my | name | |