

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V05825**
1. Corporation Name
ANTIQUES & DESIGNS BY DIANE, INC.

4-22-96 (B) - 4088-C (7)



Principal Place of Business: **9300 SW 8TH ST. 7-121 BOCA RATON FL 33428 US**
Mailing Address: **9300 SW 8TH ST. 7-121 BOCA RATON FL 33428 US**

3. Date first organized or Qualified: **01/09/1992**
3a. Date of Last Report: **04/20/1995**
4. FL Number: **65-0431249**
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

2. Principal Place of Business: 21 Subd. Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Subd. Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**FLOCK, DIANE
9300 SW 8TH ST.
7-121
BOCA RATON FL 33438**

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.14(3), Florida Statutes, the above named corporation hereby makes 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person signing this report (see instructions)

Signature of the person signing this report (see instructions)

FL

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
DP	FLOCK, DIANE	9300 SW 8TH ST. #7-121	BOCA RATON FL 33428	<input type="checkbox"/>
DS	LEVINE, ERICA	12911 ELMFORD LN	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(b), 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 person or persons 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, I, or my agent, furnished an address.

SIGNATURE: *Diane Flock* *Erica Levine* *Diane Flock* 4-14-96 407-852-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (12/95)