

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** 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

2. Principal Place of Business: 21. Subst. Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. 2a. Mailing Address: 26. Subst. 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: **FL**

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(4), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOCK, DIANE	1. NAME	
STREET ADDRESS	9300 SW 8TH ST. #7-121	1. PHONE ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33428	1. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS	2. NAME	
NAME	LEVINE, ERICA	2. PHONE ADDRESS	
STREET ADDRESS	12911 ELMFORD LN	2. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	BOCA RATON FL	3. NAME	
TITLE		3. PHONE ADDRESS	
NAME		3. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. NAME	
CITY-STATE-ZIP		4. PHONE ADDRESS	
TITLE		4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. PHONE ADDRESS	
CITY-STATE-ZIP		5. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. NAME	
NAME		6. PHONE ADDRESS	
STREET ADDRESS		6. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		7. NAME	
TITLE		7. PHONE ADDRESS	
NAME		7. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY-STATE-ZIP		8. PHONE ADDRESS	
TITLE		8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		9. PHONE ADDRESS	
CITY-STATE-ZIP		9. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 business 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, familiar with 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)