## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 V12618

(7)

1. Corporation Name AUNT SARAH'S ATTIC TREASURES, INC.  Principal Place of Business  805 N FEDERAL HWY SUITE LEM 4,8+C LAKE PARK FL 33403  Mailing Address  905 N FEDERAL HWY SUITE LEM 4,8+C LAKE PARK FL 33403  LAKE PARK FL 33403							
US		US			3. Date Incorporated or Qualified 02/07/1992	3a. Date of Last F 05/01/1996	Report
	ace of Business 5 N. Federal Nwy	2a. Mailing Address 26 905 N. Fe	dero	1 Hwy	4. FEI Number 65-0308737		pplied For lot Applicable
Suite, Apt.	Suite A, BUC 27 Suite A, BY				5. Certificate of Status Desired		Additional lequired
23 Lat	City & State Lake Park, FL  28 Lake Park				Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip 24 331	103 25 USA		<b>30</b>	ntry USA		Yes No	s. 199.032,
	B. Halle Ella Radiosa di Osticiti	Registered Agent	64 Nome	10. Name and Address of New Ro	glatered Agent		
SHENFELD, DIANE						<u>.                                     </u>	
14283 ARDEL DR PALM BEACH GARDENS FL 33410					dress (P.O. Box Number is Not Acceptable)		
r AL	M BENOTI GARDENS I E SOTTO			83			
				24 64		1.21 %	<u> </u>
				B4 City	•	FLII	Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statute f Florida Such change was a ons of, Section 607.0505, Flo	s, the a athorize	pove-named corp d by the corporat utes.	poration submits this statement for the join's board of directors. I hereby acce	purpose of changing i pt the appointment as	its registered registered
SIGNATURE							
	Signature, typicallor printed name of registered agent			d Agent signature requir		DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
THE	SHENFELD, DIANE	☐ DECEIE	1.1 T			L Change	Addition
NAME Cross I deposed	14283 ARDEL DR		1.2 N				
STREET ADDRESS City-St-Zip	PALM BEACH GARDEN FL		•	TY-ST-ZIP			
11116		DELETE	2.1 T		······································	Change	L Addition
NAME			2.2 N	AME	İ		
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	i			ITY-ST-ZIP	1		1
TITLE		☐ DELETE	3.1 T			Change	Addition
NAME.			3.2 N	AME			-
STREET ADDRESS			3.3 \$	IREET ADDRESS	•		
CITY - ST - ZIF			34.0	iTY-ST-ZIP			ı
TILE		DELETE	4.1 T	TLE		Change	Addition
NAME			4.21	IAME			
STREET ADURESS	· 		4.3 S	TREET ADDRESS	:		
GHY-ST-ZIP			4.4 0	ITY-ST-ZIP			
TITLE		☐ DELETE	5.1 T	TLE		Change	Addition
NAME			5.2 N	AME	·		
STREET ADDRESS			538	treet address			
€rty-St-ZiP			5.4 0	ITY-ST-ZIP			
TITLE		DELETE	6.1 T	TLE		Change	Addition
NAME			6.2 N	AME	I .		
STREET ADDRESS			6.3 \$	TREET ADDRESS			]
CITY-SI-7.P				1TY-\$T-ZIP			
14. I do herel	by certify that the information supplied in indicated on this annual report or su	with this filing does not quality	ly for the	exemption stated	of in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
l laman n	flicer or director of the corporation or to in Block 12 or Block 13 if changed, or to	he receiver or trustee empow	ered to i	executé this repo	rt as required by Chapter 607, Florida 8	statutes; and that my	name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

561-848-4518

**FILED** 

Apr 23 1997 8:00am

Secretary of State