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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V16847

1. Corporation Name

Principal Place of Business

MARSH AND MARSH ANTIQUES AND COLLECTIBLES, INC.

10220 SW 105 ST		10220 SW 105TH ST MIAMI FL 33176-3525				•	
MIAMI FL 33176		US			DO NOT WRITE IN THIS	SPACE	
US					3. Date Incorporated or Qualifed 02/26/1992		
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Af	oplied For	
21		26			65-0314518		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired		Additional = =
22		27			5. Continuate of Charles Boomer	Fee Re	equired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added	to Fees
Zip			_ Country	1	8. This corporation owes the current year Into		
24	25 29 30		0		Personal Property Tax. X Yes ` □No		
	9, Name and Address of Current	Registered Agent		T	10. Name and Address of New Registered	Agent	
DOD	ELSTEIN, RONALD E.		81	Name			
9130	SOUTH DADELAND BOULEVARI		82 Street Add		iress (P.O. Box Number is Not Acceptable)		
	E 1510		83				
MIAN	II FL 33156		84	Oit.		85 Zip	Code
			04	City	FL	65 £ip	0000
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MARSH, JUDY 1.2 N		1.2 NAME				
STREET ADDRESS	10220 SW 105TH ST 1.3S		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	14114		1.4 CITY-S	IT-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				-
STREET ADDRESS	10220 SW 105TH ST		2.3 STREE	T ADDRESS			
CITY+ST-ZIP			·2:4 CITY-5	ST-ZIP	and the second s		
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS	•		3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ī			-
TITLE	,	☐ DELÉTE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			j
TITLE	, =	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME)			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
	HT AND		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered. SIGNATURE:

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90205 014 ***150.00