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

PROFIT CORPORATION ANNUAL REPORT



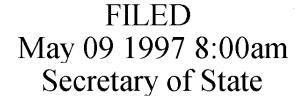
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V21906

MICHAEL MACLEAN ANTIQUES & ESTATE LIQUIDATION, I NC.





Principal Place of Business		Mailing Address			# FOOA: ACIDIS ILOU CIDIO BUILI BOCIO DAL OLOIL BIDIA BIDA: BEDA BEDA BEDA BEDA BEDA BEDA BEDA BEDA		
8803 SOUTH DIXIE HIGHWAY		3903 SOUTH DIXIE HIGHWAY					
WEST PALM B	BEACH FL 33405	WEST PALM BEACH	I FL 33405-2231				
					3. Date Incorporated or Qualified 03/18/1992	3a. Date of Las	
2. Principal P	lace of Business	2a. Mailing Address	S		4. FE! Number 65-0318025		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in		
24	9. Name and Address of Curren	29 29 Anant	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
IFS	SARD, EUGENE	it riogistered Again		81 Name	TO. Name and Address of New Neg	istered Agent	
	O NORTH OCEAN DRIVE				dress (P.O. Box Number is Not Acceptable)		
	TE 5-C			82 Street Add	dress (P.O. Box Number is Not Acceptable	0)	
SIN	ger island-rimera BCH fl 3:	3404		83			
				84 City		FL 85 7	p Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida of Florida. Such change	Statutes, the at was authorized	pove named co	rporation submits this statement for the pu ation's board of directors, I hereby accept		g its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.050	05, Florida Stat	ules.	,		
SIGNATURE	Signature, typod or printed name of registered age	ent and title if applicable	(NOTE: Ringistered	Agont signature reg	urod when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	D	DFt.E1	TE 1.1 TO	LF		☐ Chang	e Addition
NAME	LESSARD, EUGENE		1.2 NA				
STREET ADDRESS	5400 N OCEAN DR SINGER ISLD-RIVIERA BCH FL			REET ADDRESS			
CITY-ST-ZIP TITLE	ISLU-NIVIENA BON FL	DELET		TY-ST-ZIP	The second secon	Chang	Addition
NAME		[] DECE	2.7 III			L Unang	e L Addition
STREET ADDRESS				REF1 ADDRESS			ŀ
CITY-ST-ZIP				1Y-SI-ZIP			
TITLE		DELFT		*		Chang	e Addition
NAME			3.2 NA	ME.		-	1
STREET ADDRESS			3.3 ST	HEET ADDRESS			j
CITY-ST-ZIP				1Y-S1- <i>2</i> (F)			
TITLE		☐ DELET	E 4.1 111	LF		L Chang	e L Addition
NAME			4. 2 N.				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE	**************************************	DELET		TY-ST-ZIP		☐ Chang	e Addition
NAME .		LL OUT	5.2 N/			L chang	C LI Addition
STREET ADDRESS				REFT ADDRESS			
CITY-ST-ZIP				1Y+\$1+ZIP			
TITLE	The state of the s	☐ DELFT			***************************************	Chang	e 🔲 Addition
NAME			62 NA	ME			
STREET ADDRESS			63 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CF	TY - ST - Z IP			
14. I do heret	ov certify that the information supplied	d with this filing does not	qualify for the	exemption state	nd in Section 119.07(3)(i). Florida Statules	I further certify the	at 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 control of 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 12 or Block 12 or on an attackment with an address.

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