

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

CORPORATION.
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:25

DOCUMENT # V68257 (7)
1. Corporation Name
M.R. ANTIQUES, INC.

Principal Place of Business Mailing Address
1759 OSPREY COVE PO BOX 9829 NICEVILLE FL 32578 US
8010 W HIWAY 98A PANAMA CITY BEACH FL 32417

1759 OSPREY COVE 7700 OKLAHOMA CT NICEVILLE FL 32578 US
CLOVIS, NM 88101

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 PO BOX 9829 26 7700 OKLAHOMA CT.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 8010 W HIWAY 98A 27
City & State City & State
23 PANAMA CITY BEACH FL 28 CLOVIS, NM
Zip Country Zip Country
24 32417 25 US 29 88101 30 US

3. Date Incorporated or Qualified **09/29/1992** 3a. Date of Last Report **03/02/1994**
4. FEI Number **59-3142985** 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

9. Name and Address of Current Registered Agent
LEATHERY, RODNEY
1759 OSPREY COVE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent
81 Name **1**
82 Street Address (P.O. Box Number is Not Acceptable) **PO BOX 9829**
83 **8010 W. HIWAY 98A**
84 City **PANAMA CITY BEACH** FL 85 Zip Code **32417**

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]* **RODNEY LEATHERY** **12 FEB 95**
Signature, typed or printed name of registered agent and title of corporation Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	LEATHERY, RODNEY
STREET ADDRESS	1759 OSPREY COVE
CITY - ST - ZIP	NICEVILLE FL
TITLE	V
NAME	LEATHERY, GLENN
STREET ADDRESS	39 HERTZOG DRIVE
CITY - ST - ZIP	LEOLA PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7700 OKLAHOMA CT.
1.4 CITY - ST - ZIP	CLOVIS NM 88101
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RODNEY LEATHERY, PRESIDENT** *[Signature]* **12 FEB 95** **505-784-5602**
Signature and typed or printed name of signing officer or director Date (day/month/year)