

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 148620 (8)

1. Corporation Name
LUGGAGE SHOP INC THE



Principal Place of Business: 305 LAURA STREET JACKSONVILLE FL 32202
Mailing Address: 305 LAURA STREET JACKSONVILLE FL 32202

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/26/1946	02/22/1995
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
BUCHOLTZ, JR. S 305 LAURA STREET JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
84. Zip		85. Zip Code		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHOLTZ, JR., SAM		2. NAME		
STREET ADDRESS	305 LAURA ST		3. STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		4. CITY, ST, ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, LINDA		6. NAME		
STREET ADDRESS	695A PONTE VEDRA BLVD., #101		7. STREET ADDRESS		
CITY, ST, ZIP	PONTE VEDRA BEACH FL		8. CITY, ST, ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	9. TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHOLTZ, MARY		10. NAME		
STREET ADDRESS	305 LAURA STREET		11. STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		12. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY, ST, ZIP			16. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY, ST, ZIP			20. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY, ST, ZIP			24. 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sam Bucholtz, Jr.* - SAM BUCHOLTZ, JR. DATE: 2/16/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 904/355-7566
 Telephone Number

CR2E034 (12/95)