


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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000046759 (3)
 1. Corporation Name
OLD FIREHOUSE FINE GIFTS, INC.

Principal Place of Business 128 W FOURTH AVE MT DORA FL 32757 US	Mailing Address 128 W FOURTH AVE MT DORA FL 32757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2177 KINGSLEY AVE. Suite, Apt. #, etc. 22 19		2a. Mailing Address 26 P.O. BOX 2764 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/12/1995	
23 ORANGE PARK, FL City & State		28 ORANGE PARK, FL City & State		4. FEI Number 59-3320229 Applied For Not Applicable	
24 32073 Zip		25 CLAY Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32067-2764 Zip		30 CLAY Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent LEANO, LEONDRA C. 128 W 4TH AVE MT DORA FL 32757				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent LEANO, LEONDRA C. 128 W 4TH AVE MT DORA FL 32757				10. Name and Address of New Registered Agent No tax due 81 Name LEONORA C. LEANO	
				82 Street Address (P.O. Box Number is Not Acceptable) 2177 KINGSLEY AVE, SUITE 19	
				83	
				84 City ORANGE PARK FL 85 Zip Code 32073	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONDRA C. LEANO	1.2 NAME	LEONORA C. LEANO SPELLING OF NAME
STREET ADDRESS	128 W 4TH AVE	1.3 STREET ADDRESS	2177 KINGSLEY AVE, SUITE 19
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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
Leonora C. Leano (904) 213-9711

SIGNATURE: *Leonora C. Leano*

x 2/26/98

CR2E034 (10/97)