

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 171619 (0)

1. Corporation Name
PALATKA NOVELTY SHOP, INC.



Principal Place of Business: 902-903 KIRBY STREET, PALATKA FL 32177, US
 Mailing Address: 2509 WESTOVER DRIVE, PALATKA FL 32177

3. Date Incorporated or Qualified: 01/01/1953
 3a. Date of Last Report: 02/23/1995
 4. FEI Number: 59-0694942
 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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
 2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent: SMITH, PATRICIA K, 2509 WESTOVER DR., PALATKA FL 32177
 10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.01(2) 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: SMITH, PATRICIA K	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2509 WESTOVER DR.		1.2 NAME:	
CITY-STATE-ZIP: PALATKA FL 32177	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
		1.4 CITY-STATE-ZIP:	
		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-STATE-ZIP:	
		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-STATE-ZIP:	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-STATE-ZIP:	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-STATE-ZIP:	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-STATE-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: *Patricia K. Smith Pres. Sec. Trus. 2-21-96* 904-325-5411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Block 13)

CR2E034 (12/95)