

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **569561** (4)

1. Corporation Name

CHRISTMAS UNLIMITED, INC.



Principal Place of Business

**14711 SO DIXIE HWY
MIAMI FL 33176
US**

Mailing Address

**14711 SO DIXIE HWY
MIAMI FL 33176
US**

2. Principal Place of Business

2a. Mailing Address

21 Sube Apt. #, etc.

26 Sube Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**METTLEY, JOSEPHINE T.
2601 SW 26 LN
MIAMI FL 33133**

3. Date Incorporated or Qualified
04/28/1978

3a. Date of Last Report
05/16/1995

4. FEI Number

59-1819996

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent in the block below

Signature typed or printed name of new registered agent

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **PD
METTLEY, JOSEPHINE T.**
STREET ADDRESS **2601 SW 26 LN**
CITY-STATE-ZIP **MIAMI FL**

2. TITLE ☐ DELETE

NAME **ST
BERNABEI, BETTY**
STREET ADDRESS **5361 AVISTA DR**
CITY-STATE-ZIP **SARASOTA FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

63. STREET ADDRESS

64. 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: *Josephine T. Mettley* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Josephine T. Mettley** **JAN 20, 1996** **(305) 255-5414**

CR2E034 (12/95)