

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

pg. 10p

<b>CORPORATION</b> <b>1000</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 OCT 16 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 576395

1. Corporation Name

HEARTSTRINGS GIFT SHOPS INC

Principal Place of Business

CEDARS MEDICAL CENTER  
1400 NW 12TH AVE.

MIAMI, FL 33136-0000

Mailing Address

3 GREENWICH OFFICE PARK

GREENWICH, CT 06831

3. Date incorporated or Qualified

12/26/96

3a. Date of Last Report

2. Principal Place of Business

21 FLORIDA MEDICAL CENTER

2a. Mailing Address

28 3 GREENWICH OFFICE PARK

4. FEI Number

62-1035465

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

☒ Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐ Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22 5000 W. OAKLAND PK BLVD

Suite, Apt. #, etc.

27

City & State

23 FT LAUDERDALE

City & State

28 GREENWICH, CT

ZIP

24 FL

Country

25 33313

ZIP

29 06831

Country

30 FAIRFIELD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 South Pine Island Rd.  
Plantation, FL 33324

81 Name

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

83

84 City

FL 85 ZIP

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

Conie Bryan

SPECIAL ASSISTANT SECRETARY

10/16/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SEE ATTACHED LIST

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

600002323506--6  
-10/17/97--01109--006  
\*\*\*\*758.75 \*\*\*\*758.75

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

REINSTATEMENT 1997

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

9. along  
10/16/97

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen Keats

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/97

Daytime Phone #

203 629 4320

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**HEARTSTRINGS GIFT SHOPS INC.  
OFFICERS  
and  
DIRECTORS**

- 1) Richard E. Kerley -- President (D)  
52 Grey Rocks Road  
Wilton, CT 06897  
(203) 761-1337  
SS#: 416-58-0742
  - 2) Randy B. Spector -- Executive Vice President of Administration  
6 Barn Swallow Drove  
Westport, CT 06880  
(203) 222-9432  
SS#: 122-36-5584
  - 3) Robert F. Barney -- Executive Vice President  
76 Seminary Street  
New Canaan, CT 06840  
(203) 966-1915  
SS#: 072-30-0224
  - 4) Nelson Barber -- Senior Vice President, CFO and Treasurer  
70 Hat Shop Hill  
Bridgewater, CT 06752  
(860) 355-0552  
SS#: 381-50-6556
  - 5) Ellen Keats -- Secretary  
42 Perkins Road  
Greenwich, CT 06830  
(203) 862-9765  
SS#: 149-42-4011
- (D) Denotes Director