

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 # **F36037 (2)**
1. Corporation Name
ANNABELLE'S ANTIQUES & COLLECTIBLES, INC.



Principal Place of Business: **8718 NO MOBLEY RD ODESSA FL 33556**
Mailing Address: **8718 NO MOBLEY RD ODESSA FL 33556**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1981	3a. Date of Last Report 04/06/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2099323	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JOHNS, JEFFREY E. 18340 WAYNE RD ODESSA FL 33556				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: *Jeff Johns* Vice Pres. DATE: **4-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JACK E.	12 NAME	
STREET ADDRESS	7519 COPELAND RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JEFFREY E.	22 NAME	
STREET ADDRESS	18340 WAYNE RD	23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	24 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ANNABELLE	32 NAME	
STREET ADDRESS	7519 COPELAND RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, TIMOTHY A.	42 NAME	
STREET ADDRESS	7506 TIMBERSTONE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ANDREW D.	52 NAME	
STREET ADDRESS	1031 GROVE	53 STREET ADDRESS	
CITY-ST-ZIP	LAND OF LAKES FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Jeff Johns* **Jeff Johns** DATE: **4-19-96** 8139203675

CR2E034 (12/95)