FILE NOW: FILING FEE AFT PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			
	1996		DIVISION OF CO			
DOCUN 1. Corporation	MENT # G0570	02	(7)			
OLDE	HOUSE SHOPPES, INC.				· · · · · · · · · · · · · · · · · · ·	
Principal Place	of Rusiness	Mai	ling Address			
GAIL LOUIS	se Johnson.	G	GAIL LOUISE JOHNSON.			
630 TARPON SANIBEL ISI	N BAY RD. ILAND FL 33957		630 TARPON BAY RD. SANIBEL ISLAND FL 3395	57	3. Date Incorporated or Qualified 10/22/1982	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ace of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	#, etc.	1	Suite, Apt. #, etc		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 City & State 23	3	27	City & State		 Certificate of States Desired Election Campaign Financing Trust Fund Contribution 	Fee Required S5.00 May Be Added to Fees
Zip 24	Country 25	······	Ζφ 3 (Country	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
<u> </u>	9. Name and Address of Curren		ared Agent	ļ.,	10. Name and Address of New R	
JOHNS	on, gail louise			81 Name 82 Street Addr	- (D.O. Der Mumber in Not Acceptat	
630 TAI	RPON BAY RD				ress (P.O. Box Number is Not Acceptab	ile)
SANIBE 33957	el Island, fl			83 94 City		
	1			84 City		FL 85 Zip Code
11. Pursuancia or registere familiar wit	b the provisions of Sections our judge ed agent, or both, in the State of Flori the and accept the obligations of, Sec.	2 and BU/. ida, Such ("Ion 607.0"	1508, Florida Statutes, ir change was authorized b	he above-named corpor by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	Law Bouise	Jack	AVAN) GA			the tax
	Signature, typed or printed name of registered ages	Part Caller Street,	* OTL: 0.	12 200.30	JOHNSON	4/30/96
12.	OFFICE RS AN		TORS	legislered Agent's gnature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFF	DA10 -
12. TITLE	OFFICE-RS AN			tegistered Agent signature require 13. 1 t TITLF	d when reinstating)	DA10 -
12.	OFFICERS AN PTD JOHNSON, GAIL LOUISE.		TORS	Registered Agent signature require 13.	d when reinstating)	DA10 -
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