FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

ALTAMONTE SPRINGS FL

City-St-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE NAME

FILED Jan 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J08814 THE CHRISTMAS COLLECTION, INC. Principal Place of Business Mailing Address 749 WEST STATE ROAD 436 749 WEST STATE ROAD 436 ALTAMONTE SPRINGS FL 32714-3003 ALTAMONTE SPRINGS FL 32714-3003 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2685521 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes. 24 26 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANPHEAR, RONALD S. 9865 LAKE GEORGIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 84 City 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 and title if applicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Change Addition TITLE 1 5 TITLE LANPHEAR, JUDY NAME 1.2 NAME 9865 LAKE GEORGIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LANPHEAR, LINDA S. 2.2 NAME 625 TRAILWOOD DRIVE STREET ADDRESS 2.3 STREET ADDRESS **AL**TAMONTE **SPRINGS** FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE LANPHEAR, RONALD S. NAME 3.2 NAME 9865 LAKE GEORGIA DRIVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE LANPHEAR, DAVID R. NAME 4. 2 NAME 625 Trailwood Drive STREET ADDRESS 4.3 STREET ADDRESS

R2E034

Change

Change

Addition

Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 offect as if made under oath; that I am an officer or director of the corporation of the receiver or topice 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

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETÉ

DELETE

1/10/00