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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 26 1997 8:00am

Secretary of State

96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J14780

(7)

KAY JOHNSON GIFTS INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address % HERBERT KAPLAN % HERBERT KAPLAN 520 EAST OCEAN AVENUE 520 EAST OCEAN AVENUE **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435-4924 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1986 01/22/1996 Place of Business
4 G. OCEANAVE 4. FEI Number Applied For Mailing Address 59-2689429 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country tangible tax under s. 199.032, Zip 8. This corporation has liability for ☐ No Yes Yes 29 30 Florida Statutes Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name KAPLAN, HERBERT **520 EAST OCEAN AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** В3 84 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typisdics printed name of registered agent and little flapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE SPETLER, RUTH (KAPLAN) NAME 1.2 NAME 10113 ASHWOOD PL. 1.3 STREET ADDRESS STREET ADDRESS. **BOYNTON BCH. FL** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE KAPLAN, HERBERT NAME 2.2 NAME 10113 ASHWOOD PL. STREET ADDRESS 2 3 STREET ADDRESS BOYNTON BCH. FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3 1 TITLE TIME NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name