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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L04288

(1)

CHRISTMAS AT THE HOLIDAY PLACE, INC.

**FILED** May 15 1997 8:00am Secretary of State



Principal Place of Business  N ITZHAK DICKSTEIN P.O. BOX 398 DANIA FL 33004		Mailing Address P.O. BOX 398 768 E. DANIA BEACH BLVD. DANIA FL 33004-3031							
		US			3. Date Incorporated or 07/20/1989		ed 3a. Date of Last Report 05/01/1996		
Principal F	Place of Business	2a. Mailing Address			4. FEI Number		I IA	pplied For	
Suite, Apt #, etc.  City & State		26 Suite, Apt. #, etc. 27 City & State 28			16-2018584			lot Applicable	
					5. Certificate of Status Desired S8.75 Addition: Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees			Fee Required	
Ζφ	Country	Zφ	Coun	try	B. This corporation has I			s. 199.032,	
<u> </u>	25	29	30		Florida Statutes		□ No		
	9. Name and Address of Curre	ent Registered Agent		ar :	10. Name and Address	of New Register	red Agent		
	KSTEIN, ITZHAK,			Name					
	E. DANIA BEACH BLVD.		Ī	Street Add	tress (P.O. Box Number is No	t Acceptable)			
DAN	NIA FL 33004			_					
			8	33	1				
				34 City	<u></u>		<b>85</b> Zip	Code	
			ł	' '		F	-L i i i		
agent. La IGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statam tamiliar with, and accept the obli-								
2.		·	OTE: Registered /	Agent signature requ	lired when reinstating) ADDITIONS/CHANGES	DA'S TO OFFICERS		RS IN 12	
		gent and title if applicable (NC ND DIRECTORS DELETE			ulred when reinstating) ADDITIONS/CHANGES				
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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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0111773