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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 1111 - 5 71112: 10 DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #
1. Corporation Name L04288 (1) CHRISTMAS AT THE HOLIDAY PLACE, INC. Principal Place of Business Mailing Address % ITZHAK DICKSTEIN P.O. BOX 398 768 E. DANIA BEACH BLVD. P.O. BOX 398 DO NOT WRITE IN THIS SPACE DANIA FL 33004 DANIA FL 33004 3. Date Incorporated or Qualified 07/20/1989 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 16-2018584 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zo Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name DICKSTEIN, ITZHAK, 768 E. DANIA BEACH BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) DANIA FL 33004 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registericla agent and the diapple able (10/97)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELLITE 1.1 TITLE Change Addition | TITE F DICKSTEIN. ITZHAK 1.2 NAME NAME CR2E034 768 E. DANIA BEACH BLVD STREET ADDRESS 1.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 14 C)TY-ST-7IP DELETE Change Addition 2.1 1ITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition 4 1 111LE THILE NAME 4. 2 NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE OB Change Addition -05/13/98--010 TITLE 6.1 HTLE NAME 6.2 NAME ***300.00 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental 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.