

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12160 (8)

1. Corporation Name

COLE GIFT CENTERS, INC.



Principal Place of Business

5915 LANDERBROOK DR., SUITE 300
CLEVELAND OH 44124

Mailing Address

5915 LANDERBROOK DR., SUITE 300
CLEVELAND OH 44124

3. Date Incorporated or Qualified
11/17/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

34-1532698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME COLE, JEFFREY A.
STREET ADDRESS 5915 LANDERBROOK DR #300
CITY-ST-ZIP CLEVELAND OH

TITLE ☒ DELETE
NAME SDSV
STREET ADDRESS DOWNIE, JOHN F.
CITY-ST-ZIP 5915 LANDERBROOK DR #300
CLEVELAND OH

TITLE ☐ DELETE
NAME S
STREET ADDRESS IBOLD, CHARLES J.
CITY-ST-ZIP 5915 LANDERBROOK DR #300
CLEVELAND OH

TITLE ☐ DELETE
NAME P
STREET ADDRESS SUTTER, SUZANNE
CITY-ST-ZIP 5915 LANDERBROOK DR #300
CLEVELAND OH

TITLE ☐ DELETE
NAME ST
STREET ADDRESS MOSLEY, WAYNE
CITY-ST-ZIP 5915 LANDERBROOK DR #300
CLEVELAND OH

TITLE ☐ DELETE
NAME T
STREET ADDRESS GAGLIOTI, JOSEPH
CITY-ST-ZIP 5915 LANDERBROOK DR #300
CLEVELAND OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary

ASSISTANT TREASURER

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corporation or the receiver or trustee empowered to execute this report as required by Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE L MOSLEY
ASSISTANT TREASURER
4/16/96

Date

Daytime Phone #

CR2E034 (12/95)