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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26698

(1)

1. Corporation Name

MORI LUGGAGE & GIFTS, INC.

Principal Place of Business

4800 I 55 NORTH
PO BOX 12949
JACKSON MS 39236

Mailing Address

4800 I 55 NORTH
PO BOX 12949
JACKSON MS 39236-2949



3. Date Incorporated or Qualified

11/02/1989

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 1424 Old Square Rd.

2a. Mailing Address

26 P.O. Box 12949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jackson, MS

28 Jackson, MS

Zip

Country

Zip

Country

24 39211

25

29 39236

30

9. Name and Address of Current Registered Agent

MORRIS, NANCY
33017 CORAL STRIP PKWY
GULF BREEZE FL 32561

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

NANCY MORRIS

2-6-97

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

D

DELETE

NAME

MORI, GEORGE S.
1415 BRECON DRIVE
JACKSON MS

STREET ADDRESS

CITY - ST - ZIP

TITLE

VST

DELETE

NAME

MORI, MARK A
925 NEWLAND ST
JACKSON MS

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD

DELETE

NAME

BONNER, KAREN MORI
3106 TIDEWATER LANE
MADISON MS

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

Change

Addition

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

Change

Addition

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

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 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.

SIGNATURE:

KAREN MORI BONNER

KAREN MORI BONNER

2-6-97

601 9816674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0400135

CR2E034 (9/96)