

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

ANNUAL REPORT  
1995



Department of Banking  
Division of Corporations  
Tallahassee, Florida 32302

APPROVED AND FILED  
95 MAR -1 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006332 (9)

FLORIDA TREASURES SOUVENIR AND NOVELTY MANUFACTURING COMPANY, INC.

Principal Place of Business: 1423 WOOD ST, DELAND FL 32724, US  
Mailing Address: P.O. BOX 740502, ORANGE CITY FL 32774, US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1993  
3a. Date of Last Report: 04/04/1994  
4. FEI Number: APPLIED FOR 99-3233287  
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. 190.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: HOWARD, BANDY, 1423 WOOD ST., DELAND FL 32724  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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] DATE: 2/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D HOWARD, BANDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	1423 WOOD ST.	1.2 NAME	
3. CITY - ST - ZIP	DELAND FL	1.3 STREET ADDRESS	
4. NAME		1.4 CITY - ST - ZIP	
5. NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. NAME		2.4 CITY - ST - ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. NAME		3.3 STREET ADDRESS	
12. NAME		3.4 CITY - ST - ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. NAME		4.3 STREET ADDRESS	
16. NAME		4.4 CITY - ST - ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. NAME		5.4 CITY - ST - ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. NAME		6.3 STREET ADDRESS	
24. NAME		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not qualify for the exemption stated in Section 190.0306, Florida Statutes. I further certify that the information included 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 by 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 return is prepared in accordance with the law of the State of Florida.

SIGNATURE: [Signature] DATE: 2/13/95 90A-9439990