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

**PROFIT** CORPORATION ANNUAL REPORT



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

| 1996 |  |
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P93000009464 (7)

DOCUMENT # NOW & THEN SHOPPE, INC. Principal Place of Business Mailing Address **8642 ROYALWOOD DRIVE** 8642 ROYALWOOD DRIVE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1995 02/05/1993 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3159919 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing ی State  $\Gamma$ Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country  $Z_{\mathbb{P}}$ Country Yes □ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent ISAAC, FRED C Street Address (P.O. Box Number is Not Acceptable) 82 2468 ATLANTIC BOULEVARD 83 JACKSONVILLE FL 32207 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.050? 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. DATE Signature, typed or printed hanne of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1. 1 TITLE TITLE CR2E034 ABOUD, RICHARD J 1.2 NAME NAME 8642 ROYALWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 1.4 CT Y - \$1 - ZIP CITY - \$1 - ZIP DELETE Change Mddition 2.1 THE TITLE 2.2 NAME ABOUD, MARY A NAME 8642 ROYALWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 2.4 C(1) - \$1 - 7(F) CITY ST ZiP ☐ Change Addition DELETE 3 1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZP CHY-S1-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition [ ] DELETE 5 1 Title THIE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY - ST - ZIP Change Addition DELETE 6 1 THE TIME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not gold to 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Ghapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY - ST - ZIP

whom g. Wound Sec-Trens. Richard J. Addies 3/14/46