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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033839 (9)

Secretary of State

FILED

May 14 1998 8:00am

THE CHRISTMAS PALACE INC. Principal Place of Business 10600 N.W. 77TH AVENUE HIALEAH GARDENS FL 33018 US Mailing Address 10600 N.W. 77TH AVENUE HIALEAH GARDENS FL 33018 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For
21 26 Suite, Apt. #, etc.		26		65-0514799			lot Applicable	
22	π, e tC.	Suite, Apt #, etc.			5. Certificate of Status Desired	\mathbf{X}	•	Additional teguired
City & Stat	e	City & State			6. Election Cempaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	У	8. This corporation owes or has p			
24	25 9. Name and Address of Curre	29 ent Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Re			No
KN	IIPS, JAMES		81	Name	141 AMERICA STATE LINGUISTAN AN ALEGA IN	<u></u>	13 1	
10600 N.W. 77TH AVENUE HIALEAH GARDENS FL 33016			82		fress (P.O. Box Number is Not Accepta	ble)		
			84	City		F	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE					rporation submits this statement for the alion's board of directors. I hereby acce	purpose pt the ap		its registered registered
12.	Signature, typod or pointed name of registered a	gent and lete if applicable (N ND DIRECTORS	OTE Registered Ag	peri signatura req	ulred when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CEDS AN	ID DIDECTO	DC IN 12
TITLE	D	DELETE	1,1 TITLE	1-	ADDITIONS/CHANGES TO OFFI	OLIIO AI	Change	Addition
NAME	KNIPS, JAMES		1,2 NAME	1				
STREET ADDRESS 10600 N.W. 77TH AVENUE			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HIALEAH GARDENS FL 330		1.4 CITY-	S1 - ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			•	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	- S1-ZIP			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. City-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
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CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP			Change	Addition
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NAME STREET ADDRESS			5.2 NAME	T ADDRESS				
CITY-ST-ZIP		•	5.4 CITY -	1				
TITLE		DELETE	6.1 TITLE	OT ZIF			Change	Addition
NAME			6.2 NAME					
STREET ADORESS				1 ADDRESS				
CITY-ST-ZIP			64 CITY-	1				
	sortify that the information eurobod	with this filing does not qualify			n Section 119 07(3)(i) Florida Statutes	further (ertify that the	e information

14. I 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 Irustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or only attachment with an address.

TANGETT PO PRECINED