DOCUMENT #       P944000050583 (1)         GINGERBREAD LANE ANTIOUES, INC.       Image Addeess         Principal Pace of Exervest       Maling Addeess         SOD HY1 1       PO EX 388         GRNT FL 32949       Sole, Apr. 4         2       Principal Pace of Exervest         Sole, Apr. 4, etc.       2         21       Sole, Apr. 4, etc.         22       Sole, Apr. 4, etc.         23       Sole, Apr. 4, etc.         24       Sole, Apr. 4, etc.         25       Sole, Apr. 4, etc.         26       Sole, Apr. 4, etc.         27       Sole, Apr. 4, etc.         28       Sole, Apr. 4, etc.         29       Sole, Apr. 4, etc.         20       Sole, Apr. 4, etc.         21       Sole, Apr. 4, etc.         22       Sole, Apr. 4, etc.         23       Sole, Apr. 4, etc.         24       Contriv         25       Sole, Apr. 4, etc.         28       Sole, Apr. 4, etc.         29       Sole, Apr. 4, etc.         29       Sole, Apr. 4, etc.         20       Contriv         20       Sole, Apr. 4, etc.         20       Sole, Apr. 4, etc.	ANNU	PROFIT RPORATION JAL REPORT <b>1996</b>		Y 1 IS \$225.00 DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ION OF CORPORATIONS		
Philosoft Place of Business     Mailing Address       S00 HWY 1     P.O. Box 388       GRANT FL 32949     P.O. Box 388       2. Principal Place of Business     2a. Mailing Address       2. Principal Place of Business     2a. Mailing Address       3. Date of Last Report     Applied Fra       State     Suite, Apl. 4, etc.       2. Principal Place of Business     2a. Mailing Address       3. Date of Last Report     Applied Fra       State     Suite, Apl. 4, etc.       2. Principal Place of Business     2a. Mailing Address       2. Principal Place of Business     2a. Mailing Address       State     Suite, Apl. 4, etc.       2. Principal Place of Business     2a. Mailing Address       2. Principal Place of Business     2a. Mailing Address       2. Principal Place of Business     2a. Baile       2. Principal Place of Business     2b. Date of Last Report       2. Principal Place of Business     2b. Date of Last Report       2. Principal Place of Business     2b. Date of Last Report       2. Principal Place of Business     2b. Date of Last Report       2. Principal Place of Last Report     2b. Date of Last Report       2. Principal Place of Last Report     2b. Date of Last Report       2. Principal Place of Last Report     2b. Date of Last Report       2. Principal Place of Last Report     2b.	1. Corporation	n name		3 (1)		
GRANT FL 32849     CRANT FL 32949       2. Principal Place of Business     2a. Making Address       3. Date Incorporated or Coulified 07/05/1994     3a. Date of Last Perport 07/05/1994       Suite, Apl. 4, otc.     2a. Making Address       2. Principal Place of Business     2a. Making Address       3. Date Incorporated or Coulified 07/05/1994     Applied For 100 Applied For 100 Applied For 20       Suite, Apl. 4, otc.     2a. Making Address       2. Principal Place of Businessing     5b. Certificate of Status Dusined 100 Applied For 20       2. Principal Place of Businessing     5b. Certificate of Status Dusined 100 Applied For 20       2a. Making Address of Current Registered Agent     5b. Certificate of Status Dusines 10 Mongable tax under a 198,002, Princis Status Biblity for Intragable tax under a 198,002, Princit Status Biblity for Intraga			0		Y I KOBIKOU DIO UDIA BIKAK DEAK	H OORAN DONAL AAN MER KANAN DONAL AAN DI HAMBO AH HABDI. Hoonan
2. Principal Place of Bueness         2a. Maling Address         4. FEI Number         Applied Tex           28         Applied Place of Bueness         2a. Maling Address         4. FEI Number         Applied Tex           28         Applied Place of Bueness         2a. Maling Address         4. FEI Number         Applied Tex           20         27         Suite, Apt. #, etc.         5. Contribution         \$5.00 Myr, Be           20         20         Country         2b         Tools Fund Contribution         Address of Nerrent Registered Agent           20         Country         2b         30         Tool Fund Country         8. This composition has lability for intengible tax unders in Bo.032, Priorite Statutes         Preceded to Fees           20         Country         2b         Country         8. This composition has lability for intengible tax unders in Bo.032, Priorite Statutes         Preceded to Fees           20         Country         2b         Country         8. This composition has lability for intengible tax unders in Bo.032, Provide Statutes         Preceded to Fees           30         Tool Formation Country         8. Name and Address of Country intend Agent         10. Name and Address of Name Registered Agent           11. EEDS, DOROTHY P         Stood Address (P.O. Box Number is Not Acceptable)         Stood Address(P.O. Box Number is Not Acceptable)						
2. Proceeding Head of Elustries       24. Nating Address       4. FEI Number       Applied For         21       Suite. Apt. #, etc.       20       Suite. Apt. #, etc.       27       Not Applied For         20       Cry & State       27       Suite. Apt. #, etc.       27       Suite. Apt. #, etc.						ad <b>3a.</b> Date of Last Report 04/25/1995
Subre, Apt. #, etc.     Subre, Apt. #, etc.     5. Certificate of Status Dusined     \$8,75 Additional Fee Required       Chy & State     21     Chy & State     5. Certificate of Status Dusined     \$8,75 Additional Fee Required       Chy & State     22     Country     20     State Dusined     \$8,75 Additional Fee Required       2p     Country     2p     Country     2p     Addet to Fees       2p     20     30     Find Status Dusined     \$8,75 Additional Fee Required       9. Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent       10. Status During Country P 5000 HWY 1 GRANT FL 32949     30     Status Duringer is Not Acceptable)       81     Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent       11. Pursuant to The provisions of Sections 607.0502 and 607.1508, Florids Statutes the above for devices. Theosity accept the State of Device Section 607.0505, Florids Statutes     Non       800 ATTURE     81     City     FL     85       800 ATTURE     20     The corporation state of the purpose of change Qits and the active the corporation is bower of devices. Theosity accept the active a		ace of Business		ISS	4. FEI Number	Applied For
City & State       21       City & State       St	Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		\$8.75 Additional
g     ZP     Country     ZP     Country     ZP     Country     ZP     Country     Rest Country	City & State	3	City & State		6. Election Campaign Financing	Fee Required
Image: send Address of Current Registered Agent       10, Name and Address of Current Registered Agent         9. Name and Address of Current Registered Agent       10, Name and Address of New Registered Agent         LEEDS, DOROTHY P       5900 HWY 1         GRANT FL 32949       81         11. Presume to the providence 40 access 607 (506; Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office amiliar with, and accept the obligators of Section 607 (506; Florida Statutes, the above named corporation submits this statement as registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the approximation and accept the appointment as registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the approximation and accept the appointment as registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the approximation and accept the appointment as registered agent. I am family with, and accept the obligators of Section 607 (506; Florida Statutes, the approximation and accept the appointment as registered agent. I am family with and accept the appointment as registered agent. I am family with and accept the appointment as reg	Zip			Country		Added to Fees
LEEDS, DOROTHY P         S900 HWY 1         GRANT FL 32949         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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of Section 07.0502, Florida Statutes.         SIGNATURE       Broth Registered Agent space or provid harrier o	4			30	Florida Statutes 🛛 🗍 Y	rés 💹 No
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           UNLE         D         DELETE         1 1 TITLE         Change         Addition           WAVE         LEEDS, DOROTHY P         1 3 STREET ADDRESS         6147 BRABROOK AVE.         Change         Addition           STRET ADDRESS         GRANT FL 32949         14 CITY-ST-2IP         Change         Addition           VILE         DELETE         2 HAME         Change         Addition           STRET ADDRESS         GRANT FL 32949         14 CITY-ST-2IP         Change         Addition           VILE         DELETE         2 HAME         Change         Addition           STRET ADDRESS         CHY-ST-2IP         2 Addition         Addition           VILE         DELETE         2 HAME         Change         Addition           STRET ADDRESS         23 STREET ADDRESS         Change         Addition           STRET ADDRESS         33 STREET ADDRESS         Change         Addition           MAME         DELETE         3 TITLE         Change         Addition           MAME         DELETE         4 CITY-ST-2IP         Change         Addition           MAME         DELETE         4 STREET ADDRESS </th <th>44 5</th> <th></th> <th></th> <th></th> <th></th> <th>CI 85 Zip Code</th>	44 5					CI 85 Zip Code
AAME LEEDS, DOROTHY P 6147 BRABROOK AVE. GRANT FL 32949 12 NAME 12 NAME 13 STREET ADDRESS GRANT FL 32949 14 CITY-ST-2IP 11LE Change Addition AME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-2IP 11LE Change Addition 34 CITY-ST-2IP 11LE Change Addition 34 CITY-ST-2IP 11LE Change Addition 42 NAME 33 STREET ADDRESS 11Y-ST-2IP 11LE Change Addition	familiar wit	h, and accept the obligations of, Sec	ction 607.0505, Florida S	Statutes, the above-named corpor authorized by the corporation's boat statutes.	rd of directors. I hereby accept the ap	purpose of changing its registered office ppointment as registered agent. I am
ILLE       DELETE       2 1 TITLE       Change       Addition         IAME       22 NAME       23 STREET ADDRESS       23 STREET ADDRESS         STREET ADDRESS       23 STREET ADDRESS       24 CITY - ST - ZIP         ITLE       DELETE       3.1 TITLE       Change       Addition         IAME       32 NAME       32 STREET ADDRESS       Addition         IAME       32 NAME       33 STREET ADDRESS       Addition         IAME       32 NAME       33 STREET ADDRESS       Addition         IAME       32 NAME       34 CITY - ST - ZIP       Addition         IAME       DELETE       4.1 UTLE       Change       Addition         IAME       DELETE       4.1 UTLE       Change       Addition         ITRET ADDRESS       34 CITY - ST - ZIP       Addition       Addition         ITRET ADDRESS       4.1 UTLE       Change       Addition         ITRET ADDRESS       4.3 STRET ADDRESS       ITT - ST - ZIP       ItT - ST - ZIP         ITLE       DELETE       5.1 TITLE       Change       Addition	familiar wit	th, and accept the obligations of, Sec	nt and the if applicable	I Statutes, the above-named corpor authorized by the corporation's boar statutes. (NOTL: Registered Agent signature require 13.	rd of directors. Thereby accept the ap	DATE DEFICERS AND DIRECTORS IN 12
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TLE     DELETE     4.1 TITLE     Change     Addition       AME     42 NAME     4.3 STREET ADDRESS     4.3 STREET ADDRESS       ITY-ST-ZIP     4.4 DiTy-ST-ZIP     Change     Addition	ISIGNATURE SIGNATURE ILE IAME ITRECT ADDRESS ITTY-ST-ZIP ITLE IAME ITREET ADDRESS	Signature, typed or printed name of registered agon OFFICERS AN LEEDS, DOROTHY P 6147 BRABROOK AVE.	nt and the if applicable ND DIRECTORS	I Statutes, the above-named corpor authorized by the corporation's board statutes. INOTE: Regelered Agent signature require 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP TE 2 1 TITLE 2 NAME 2 3 STREET ADDRESS	rd of directors. Thereby accept the ap	DATE DEFICERS AND DIRECTORS IN 12 Change Addition
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