## 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

P94000081175 (9) DOCUMENT #

JIMMY'S GIFT SHOP INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business  Mailing Address  BS JAMESTOWN DRIVE ORMOND BEACH FL 32178  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 11/03/1994  4. FEI Number   Applied Fo 59-3284095   Mol Applied 59-3284095   Mol Applied 59-3284095   Mol Applied 59-3284095   Mol Applied 6. Certificate of Status Desired   Required City & State   City & State   City & State   City & State   Country   B. This perconstruction of the provisions of Current Registered Agent  EDELMAN, BERNARD 95 JAMESTOWN DRIVE ORMOND BEACH FL 32176  11. Pursuant to the provisions of Sections 607 05/02 and 607 15/06, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in this State of Broids Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in this State of Broids Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in this State of Broids Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in this State of Broids Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in this State of Broids Statutes, the above-named corporations submits this statement for the purpose of changing its register diffice or registered agent, or both, in this State of Broids Statutes, the above-named corporations submits this statement for the purpose of changing its register diffice or registered agent, or both, in the State of Broids Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent in tender with, and except the other state of Broids Statutes.  11. Pursuant to the provisions of Socions 607 05/02 and 607 15/06, Florids Statutes, the above-named corporations									
DO NOT WRITE IN THIS SPACE    Principal Place of Business   2a, Mailing Address   4, FET Number   Applied For 11/03/1994	Principal Plac	e of Business	Mailing Address					MIND HOND HERT IN	1861 BIII 1681
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/03/1994  4. FET Number  59-3284095    Not Applied For  21   Suite, Apt. #, etc.   Suite, Apt. #, etc.    22   Suite, Apt. #, etc.   Suite, Apt. #, etc.    23   City & State   City & State    24   City & State    25   Country    26   Suite, Apt. #, etc.    27   Country    28   Trust Fund Contribution   Added to Fees Required Personal Property Tax due June 30.    30   Personal Property Tax due June 30.    31   Name and Address of Current Registered Agent    32   Street Address (P.O. Box Number is Not Acceptable)  33   Street Address (P.O. Box Number is Not Acceptable)  34   City   FL   85   Zip Code    35   Street Address (P.O. Box Number is Not Acceptable)  35   Street Address (P.O. Box Number is Not Acceptable)  36   Street Address (P.O. Box Number is Not Acceptable)  37   Pursuant to the provisions of Sections 607 6502 and 607 1556, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in the State of Euroda, Such change was subtrained by the corporation's board of directors. I hereby accept the appointment as register agent. I am femiliar with, and eccept the chipathose of Sections 607 6502 and 607 1556, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register diffice or registered agent, or both, in the State of Euroda, Such change was subtrained by the corporation's board of directors. I hereby accept the appointment as register agent. I am femiliar with, and eccept the chipathose of Sections 607 6502 and 607 1556, Fiorida Statutes.  38   Street Address (P.O. Box Number is Not Acceptable)  39   Street Address (P.O. Box Number is Not Acceptable)  40   Street Address (P.O. Box Number is Not Acceptable)  40   Street Address (P.O. Box Number is Not Acceptable)  41   Street Address (P.O. Box Number is Not Acceptable)  42   Street Address (P.O. Box Number is Not Acceptable)  43   Street Address (P.O. Bo									
3, Date Incorporated or Qualified 11/03/1994 2. Principal Place of Business 2. Medining Address 2. Medining Address 3. FEI Number 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. City & State 3. City & State 4. FEI Number 59-3284095  D. Not Applied Fo Fee Required Fee Required City & State 3. City & State 4. FEI Number 59-3284095  D. Not Applied Fee Required Fee Required Fee Required Fee Required City & State 2. City & State 3. Description covers or has paid the current year intelligible Personal Property Tax due June 30.   Yes Principal Place of Brown Drive ORMOND BEACH FL 32176  11. Pursuant to the provisions of Sections 607 6502 and 607.1508, Florida Statutes, tho above-named corporation submits this statement for the purpose of changing its register office or registered agent, or broth, in the State of Florida Statutes, tho above-named corporation submits this statement for the purpose of changing its register office or registered agent, or broth, in the State of Florida Statutes  11. Pursuant to the provisions of Sections 607 6502 and 607.1508, Florida Statutes, tho above-named corporation submits this statement for the purpose of changing its register office or registered agent, or broth, in the State of Florida Statutes  12. OFFICE RS AND DIRE CTORS  13. Spature hybrid remains a register of great in an intelligent on the Section of Ordors, Florida Statutes  14. City FL  15. Registered Agent and the intelligence of Sections of Sections State or Principle State  15. City As State  16. City As State  17. Name  18. Name  18. Street Address of Now Registered Agent  19. Name  19. Name  19. Name  10. Name and Address of Now Registered Agent  10. Name and Address of Now Registered Agent  11. Name  12. OFFICE RS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City Street  15. Registered Agent  16. City As State  17. Street  18. Street Address (P.O. Box Number is Not Acceptable)  19. Change   Address of Now Registered Agent  19. Change   Address of Now Registered Agent  19. City As Stat		ACH FL 32114	ORMOND BEACH I	ORMOND BEACH FL 32176			DO NOT WRITE IN THIS SPACE		
2. Mailing Address   2. Mailing Address   2. Mailing Address   4. FET Number   5.93284095   P. Not Applied Solite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Additions Fee Required   City & State   27   City & State   28   City & State   28   City & State   28   Country   25   29   25   29   30   Personal Property Tax due June 30.   Yes   Integrated Agent   25   25   25   29   30   Personal Property Tax due June 30.   Yes   Integrated Agent   25   Name and Address of Current Registered Agent   28   Street Address (P.O. Box Number is Not Acceptable)   25   Name and Address of Current Registered Agent   25   Street Address (P.O. Box Number is Not Acceptable)   25   Name and Address of New Registered Agent   28   Street Address (P.O. Box Number is Not Acceptable)   28   Street Address (P.O. Box Number is Not Acceptable)   25   Name and Address of New Registered Agent   27   Name and Address of New Registered Agent   27   Name and Address of New Registered Agent   27   Name and Address (P.O. Box Number is Not Acceptable)   28   Street Address (P.O. Box Number is Not Acceptable)   28   Street Address (P.O. Box Number is Not Acceptable)   28   Name and Remilier with; and accept the oblin, in the State of Fords Such change was authorized by the corporation's board of directors. Hereby accept the appointment as register agent. I am femilier with; and accept the change was authorized by the corporation's board of directors. Hereby accept the appointment as register agent. Fine Address (P.O. Box Number is Not Acceptable)   Name agent age	00								
2. Mailing Address   2. Mailing Address   2. Mailing Address   4. FET Number   5.93284095   P. Not Applied Solite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Additions Fee Required   City & State   27   City & State   28   City & State   28   City & State   28   Country   25   29   25   29   30   Personal Property Tax due June 30.   Yes   Integrated Agent   25   25   25   29   30   Personal Property Tax due June 30.   Yes   Integrated Agent   25   Name and Address of Current Registered Agent   28   Street Address (P.O. Box Number is Not Acceptable)   25   Name and Address of Current Registered Agent   25   Street Address (P.O. Box Number is Not Acceptable)   25   Name and Address of New Registered Agent   28   Street Address (P.O. Box Number is Not Acceptable)   28   Street Address (P.O. Box Number is Not Acceptable)   25   Name and Address of New Registered Agent   27   Name and Address of New Registered Agent   27   Name and Address of New Registered Agent   27   Name and Address (P.O. Box Number is Not Acceptable)   28   Street Address (P.O. Box Number is Not Acceptable)   28   Street Address (P.O. Box Number is Not Acceptable)   28   Name and Remilier with; and accept the oblin, in the State of Fords Such change was authorized by the corporation's board of directors. Hereby accept the appointment as register agent. I am femilier with; and accept the change was authorized by the corporation's board of directors. Hereby accept the appointment as register agent. Fine Address (P.O. Box Number is Not Acceptable)   Name agent age							1		
Suite, Apt. #, etc   Suite, Ap	2. Principal P	Place of Business	2a, Mailing Address	3		<del></del>		T IA	pplied For
27   City & State			26				<u>59-3284095</u>	N/V	lot Applicable
City & State  Country  Country  Country  Country  Representation owes or has paid the current year intangible personal Property Tax due June 30.  Representation owes or has paid the current year intangible personal Property Tax due June 30.  Representation of the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. I hereby accept the appointment as register office or registered agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. I hereby accept the appointment as register office or registered agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. I hereby accept the appointment as register office or registered agent agent and the depth after a provision's board of directors. I hereby accept the appointment as register of the corporation's board of directors. I hereby accept the appointment as register of the corporation's board of directors. I hereby accept the appointment as register of the corporation's board of directors. I hereby accept the appointment as register of the corporation's board of directors. I hereby accept the appointment as register of the corporation's board of directors. I hereby accept the appointment as register of the corporation and the corporation's board of directors. I hereby accept the appointment as register of th	<b>–</b>	#, etc	<u>├</u>	C.			Certificate of Status Desired		
28	<del></del>	<u> </u>							_ <del></del>
2/p Country 7/p Country 3/p Country 8. This corporation owes or has paid the current year Intanjoble Personal Property Tax due June 30. Yes No Property Tax due June 30. Yes Version Agent Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 95.06, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of the property of the property Human 40. Yes Number 10. Not Acceptable)  12. Of FIGHS AND DIR CTORS  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pur	— ·	е	ı				, , , , , , , , , , , , , , , , , , , ,	•	•
25		Country	·····	T Co	ountry				
9, Name and Address of Current Registered Agent  EDELMAN, BERNARD 95 JAMESTOWN DRIVE ORMOND BEACH FL 32176  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 register office or registered agent, or both, in this State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. I am ternifor with, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE  Signature, typied or price formured ingulated table diagraticable diagr	<b>_</b> , `	F3 ' F3 '			<u> </u>				
95 JAMESTOWN DRIVE ORMOND BEACH FL 32176  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL  85 Zip Code  86 City  FL  86 Size Code  87 Code  88 City  FL  88 Size Code  89 Code  89 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 register agreent. I am familiar with, and accept the chilipations of, Section 607 0505, Florida Statutes.  81 City  FL  80 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 register agreent. I am familiar with, and accept the chilipations of, Section 607 0505, Florida Statutes.  81 Signature, typid or princid return of registered agreet and and above named corporation's board of directors. Thereby accept the appointment as registere agreet	<del></del>			1991	Τ				
STREET ADDRESS ORMOND BEACH FL 32176  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL  85 Zip Code  86 City  FL  86 Size Code  87 City  FL  88 Size Code  88 City  FL  88 Size Code  89 Size Code  80 Size Code	ED	ELMAN, BERNARD			81	Name			
ORMOND BEACH FL 32176  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of 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, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and facult the diagraph and					82	Street Addre	ess (P.O. Boy Number is Not Acceptable)	<del></del>	
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 register of great agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the orbigations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature: typind or prided name of regeared agent and take diagrapable.  NOTE: Registered Agent signature required when reliestancy.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE  NAME  EDELMAN, ELIZABETH R  95. JAMESTOWN DRIVE  1.3 SIREET ADDRESS  CITY-S1-2IP  ORMOND BEACH FL 32178  1.4 CITY-S1-2IP  TITLE  DELETE  2.1 ITILE  Change Add	OR	MOND BEACH FL 32176							
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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 registere agent, a m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typind or protect agent and title of appaicable   (NCTE Registered Agent signature required when reinstating)   DATE									
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indicated on this annual report or supplied with this limit does not quality for the execution that the information 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 crypin attachment with an address