

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **P94000093865 (1)**

1. Corporation Name
SOUVENIR IMPORTS, INC.



Principal Place of Business
**259 COREY AVENUE
ST. PETERSBURG BEACH FL 33706**

Mailing Address
**P.O. BOX 66386
ST. PETE BEACH F: 33736-6386**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0548171	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DUKAT, DENNIS 9302 WELLINGTON PARK CR. TAMPA FL 33647				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				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		(NOTE: Registered Agent signature required when reappointing)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	DUKAT, DENNIS				
STREET ADDRESS	9302 WELLINGTON PARK CIRCLE				
CITY-ST-ZIP	ST. PETE BEACH FL				
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	DUKAT, CARMILLE				
STREET ADDRESS	9302 WELLINGTON PARK CIRCLE				
CITY-ST-ZIP	ST. PETE BEACH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP	TAMPA, FLORIDA, 33647				
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	DUKAT, Camille				
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	TAMPA, FLORIDA, 33647				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 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 on an attachment with an address.

SIGNATURE: **DUKAT, DENNIS** 7-17-98 8/3-363-0800

CR2E034 (5/98)

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SOUVENIR IMPORTS, INC.
259 COREY AVE. SUITE 259
ST. PETE BEACH, FLORIDA 33706
813-363-0800
Fax: 813-360-3778

DENNIS DUKAT
PRESIDENT
SOUVENIR IMPORTS, INC.
259 COREY AVE. SUITE 259
ST. PETE BEACH, FLORIDA 33706

July 21, 1998

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA, 32314

RE: 1998 CORPORATION ANNUAL REPORT

DEAR SIR OR MADAM:

I AM WRITING YOU IN REGARDS TO THE RECENT "2ND. NOTICE" WE RECEIVED FROM YOUR OFFICE, CONCERNING THE 1998 CORPORATION ANNUAL REPORT. WE WERE SOMEWHAT SHOCKED, SINCE WE DO NOT BELIEVE THAT WE HAD EVER RECEIVED OUR FIRST NOTICE. WE HAVE CHECKED AND RE-CHECKED OUR RECORDS AND COULD NOT FIND ANY EVIDENCE OF HAVE RECEIVED OUR MAY FIRST NOTICE REQUEST FOR PAYMENT.

GENERALLY, WE ARE VERY GOOD IN RESPONDING TO THE STATE OF FLORIDA FOR OUR PAYMENTS. GRANTED WE SHOULD HAD KNOWN IT WAS COMING DUE MAY FIRST, BUT WHEN YOU RECEIVE ONLY ONE NOTICE PER YEAR, IT CAN VERY EASY TO OVERLOOK DURING THE REGULAR COURSE OF BUSINESS, ESPECIALLY WHEN YOU DO NOT RECEIVE ANY PRIOR NOTICE.

SINCE I WAS VERY ALARMED AT THE INCREASED PENALTY FEE OF \$550.00 FROM THE NORMAL \$150.00, I IMMEDIATELY CALLED TALLAHASSEE TO EXPLAIN OUR SITUATION. I WAS ADVISED TO WRITE THIS LETTER EXPLAINING OUR SITUATION AND TO RETURN THE APPLICATION WITH THE NORMAL FILING FEE OF \$150.00 AS SOON AS POSSIBLE WITH THE HOPE THE STATE WOULD UNDERSTAND AND FORGIVE THE LATE PENALTY FEE.

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IF THE STATE CAN UNDERSTAND AND ACCEPT OUR APPLICATION WITH THE NORMAL FEE, WE WILL MAKE EVERY EFFORT TO INSURE THAT FUTURE PAYMENT WILL BE MADE ON TIME. WE HAVE INSTITUTED OFFICE PROCEDURES TO INSURE THAT THIS LATE PAYMENT WILL NOT HAPPEN AGAIN.

HOPING FOR YOUR UNDERSTANDING,

RESPECTIVELY SUBMITTED,

DENNIS DUKAT, PRESIDENT

SOUVENIR IMPORTS, INC.