

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 07 1996 8:00 am  
Secretary of State

DOCUMENT # P95000002173 (9)

1. Corporation Name

NOVELTY EXPORTS, INC.

Principal Place of Business

417 ANGELA STREET  
KEY WEST FL 33040

Mailing Address

417 ANGELA STREET  
KEY WEST FL 33040

3. Date Incorporated or Qualified  
01/06/1995

3a. Date of Last Report

2. Principal Place of Business  
21 29 DRIFTWOOD DR.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 29 DRIFTWOOD DR.  
Suite, Apt. #, etc.

4. FEL Number  
25-0543410

Applied For  
Not Applicable

22 City & State  
23 KEY WEST, FL

27 City & State  
28 KEY WEST, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33040 25 Country USA

29 Zip 33040 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERKINS, WILLIAM A III  
631 WHITEHEAD STREET  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name G. TTE V. PERKINS

82 Street Address (P.O. Box Number is Not Acceptable)

29 DRIFTWOOD DR

83

84 City KEY WEST FL

85 Zip Code 33040

11. Pursuant to the provisions of Sections 607.0503 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

Signature of agent or principal of registered agent (if not acceptable, the State Registrar's Agent signature represents other representative)

6/3/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D PERKINS, GITE V 417 ANGELA STREET KEY WEST FL 33040 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PERKINS GITE V 29 DRIFTWOOD DR. KEY WEST, FL 33040 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96 305-2950404  
Date Daytime Phone

CR2E034 (12/95)