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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

CIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1998 8:00am

Secretary of State

4/13/98 5616910701

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036594 (6)

AWAKENINGS BOOK AND GIFT STORE, INC.

Principal Place of Business Mailing Address 12189 US HWY 1 12189 US HWY 1 **STE 11** STF 11 DO NOT WRITE IN THIS SPACE N PALM BCH FL 33408 N PALM BCH FL 33408 3. Date Incorporated or Qualified 05/05/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0575321 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALTER, KAREN 3877 ROAN COURT Street Address (P.O. Box Number is Not Acceptable) LAKE PARK FL 33403 83 84 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 Signature, typed or prieted name of registered agent and time if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE ☐ Change Addition 1.1 1011.0 WALTER, KAREN NAME 1.2 NAME 3877 ROAN COURT STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 THLE WALTER, KAREN NAME 22 NAME 3877 ROAN COURT STREET ADDRESS 2.3 STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1111.6 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP ☐ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 7171 F Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 of trust of uppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in