

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075696 (1)

1. Corporation Name
KITCHEN 'N GIFTS, INC.

Principal Place of Business

1400 COLONIAL BLVD #52
FORT MYERS FL 33907

Mailing Address

1400 COLONIAL BLVD #52
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

65-0610278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business
21 11640 SPOONBILL
Suite, Apt. #, etc.

22 City & State
23 FORT MYERS-FL
Zip
24 33913

25 LEE
Country

2a. Mailing Address
26 11640 SPOONBILL-LANE
Suite, Apt. #, etc.

27 City & State
28 FORT MYERS, FL
Zip

29 33913
Country

9. Name and Address of Current Registered Agent

WEINSTEIN, SCOTT
1625 HENDRY ST.
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

IRA J. MAYER

82 Street Address (P.O. Box Number is not acceptable)

11640 SPOONBILL, LANE

83

84 City

FORT MYERS

FL

85 Zip Code

33913

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE



(NOTE: Registered Agent Signature required when reinstating)

DATE

9/29/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYES, ISA
STREET ADDRESS 11640 SPOONBILL LANE
CITY-ST-ZIP FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MAYES, ISA
1.3 STREET ADDRESS 11640 SPOONBILL LANE
1.4 CITY-ST-ZIP FORT MYERS, FL 33913

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

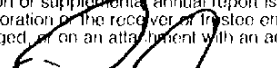
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(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 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



4/15/98

CR2E034 (10/97)