

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

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

FILED  
Mar 27 1997 8:00am  
Secretary of State

**CONFETTI STORES, INC.**

Principal Place of Business <b>3806-A TAMiami TRAIL PORT CHARLOTTE FL 33952 US</b>		Mailing Address <b>19 SABAL DRIVE PUNTA GORDA FL 33950-5015</b>		3. Date Incorporated or Qualified <b>11/08/1995</b>		3a. Date of Last Report <b>04/25/1996</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0600940</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GENE E. HAMILTON 19 SABAL DRIVE PUNTA GORDA FL 33950</b>				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

For example, if the  $\alpha$  parameter is set to 0.001, then the model will expect that the effect of applying a

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, HEDDA K	1.2 NAME	
STREET ADDRESS	19 SABAL DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL 33950	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, GENE E	2.2 NAME	
STREET ADDRESS	19 SABAL DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL 33950	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, changed or on an attachment with an address.

**SIGNATURE:**

*Gene G. Hamilton* Gene G. Hamilton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Genl. F. Hamilton - Sec. - Treas.

3/22/97

94/ 639-7713

CR2E034 (9/96)