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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012355 (9)

Lam an officer or director of appears in Block 12 or Block

SIGNATUR

ORNAMENTS PLUS, INC.										
Principal Place of Business				Má	Mailing Address					†
5185 COUGAR'S PROWL LAKE WORTH FL 33467			518	5185 COUGAR'S PROWL LAKE WORTH FL 33467-8426						
										3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1996
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For
Suite, Apt. #, etc				26	Suite Apt. #, etc.					65-06/280/ Not Applicable
22				27	27					5. Certificate of Status Desired Section Section 5. Sec
City & State					City & State					6. Election Campaign Financing \$5.00 May Be
23				28						Trust Fund Contribution
Zip	Country			<u> </u>	¬ — — — — — — — — — — — — — — — — — — —			ountry		8. This corporation has liability for intangible tax under s. 199.032,
24	0 Neme	25 Aridre	ss of Curren	29 t Regist	ered Agent	30	····-			Florida Statutes Yes No 10. Name and Address of New Registered Agent
0110	IVIS, DWIGI		oo or ourron	ii riogio	orea rigent		81	Nan	ne	10. Haile alle Addiess of their riegisteled Agent
	5 COUGAR						82	Ctra	a	40 O. Dou Alicenter in Man Associability
LAKE WORTH FL 33467								2016	et Addres	ss (P.O. Box Number is Not Acceptable)
-							83	************		
							84	City		₽ 85 Zip Code
11. Pursuant	to the provis	ions of Sect	ons 607.050	2 and 60	7 1508 Florida Statu	tes the	e above	-nam	ed corno	ration submits this statement for the purpose of changing its registered
office or r	registered ag	ent, or both	, in the State	of Floric	la. Such change was	author	ized by	the c	orporatio	ration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
SIGNATURE	HTT (ZIFTHI)ZIC YZI	in, and acci	spr the obliga	alions of	, 060(1017-007-0003, 1	ionua v	Dialules).		
SIGNATURE:	Signature, typed	or ported name	of registered ago	nt and tile	t applicable. (NO	TE: Regis	tered Age	nt signa	ture required	when reinstating) DATE
12.		Ol	FICERS AN	D DIREC			3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTALE	PSD				☐ DELETE		1 TITLE			L Change Addition
NAME	LIVINGST						2 NAME			
STREET ADDRESS		E COURT	:				3 STREET		S	
CITY-ST-ZIP TITLE	TD	GA 3026)		DELETE		4 CITY-S	T-ZIP		☐ Change ☐ Addition
NAME	PURVIS,	UMIGHT			E. Decere	1	2 NAME			Change L Abdition
STREET ADDRESS		UGAR'S P	ROWI				3 STREET	ADDOES		
CITY-ST-ZIP		ORTH FL 3				1	4 CITY-S		~ [
TITLE					DELETE		1 TITLE	J. Li		☐ Change ☐ Addition
NAME						1	2 NAME			
STREET ADDRESS						3	3 STREET	ADDRES	s	
CITY-ST-7iP		~~				3	4. CITY-S	ST-ZIP		
₹iīL€					☐ DELETE	4.	1 TITLE			Change Addition
NAME						4	2 NAME			
STREET ADORESS						4.	3 STREET	ADDRES	s	
CITY-ST-ZIP					T beieze		4 CITY - S	T-ZIP		
TiTLE					DELETE	1	.1 TIFLE			Change Addition
NAME OLOGE ADVOLGO						1	2 NAME			
STREET ADDRESS							3 STREET		S	
CITY-ST-ZIP TITLE					☐ DELETE		4 CITY - S	T - ZIP		· Change Addition
NAME			•		m phreir	•	1 TITLE			L. Change L. Addition
STREET ADDRESS							.2 NAME .3 STREET	ADDOCO		
CITY-ST-ZIP							.3 5 INEE I .4 CITY - SI		<u> </u>	
5111 Dt 211			4			0.	יי איין ווער די	LIT	I	

14. Ido 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 application of the 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