

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**99 OCT -4 PM 1:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P96000036513**

1. Corporation Name  
**SHELBY'S GIFT BOX, INC.**

Principal Place of Business  
**10681 WILES RD  
CORAL SPRINGS FL 33076  
US**

Mailing Address  
**10400 S.W. 1ST COURT  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 [25]

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 [30]

9. Name and Address of Current Registered Agent

**HOPPMAYER, STEPHANIE M  
10400 S.W. 1 ST COURT  
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/26/1996**

4. FEI Number

**65-0665044**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPPMAYER, STEPHANIE M</b>	
STREET ADDRESS	<b>10400 S.W. 1ST COURT</b>	
CITY-STATE-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPPMAYER, CALVIN C JR.</b>	
STREET ADDRESS	<b>10400 S.W. 1ST COURT</b>	
CITY-STATE-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

**800003009318-3**  
**-10/08/99-01006-015**  
**\*\*\*150.00\*\*\***

**KE**

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 with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-30-99**  
Date

**954 255 1777**  
Daytime Phone #

016950

CR2E034 (11/98)

2

**Shelby's Gift Box, Inc.**  
10681 Wiles Road  
Coral Springs, FL 33076  
954-255-1777  
fax 954-796-3548

September 30, 1999

Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: **Penalty Waiver Request**  
Shelby's Gift Box, Inc.  
Document Number P96000036513

Dear Florida Department of State:

I have recently become aware that the Profit Corporation Annual Report was not filed in a timely fashion. I had a difficult pregnancy at the end of 1998 and after the birth of my son (12-21-98) was quite ill for several months. During my subsequent convalescence, many papers were miss filed by well meaning family members. Most of these items were re-filed and handled in a timely manner. The only item completely lost, was this annual report filing, which was miss placed into 1997 records. Enclosed is the completed form along with the required \$150.00 check (#3259). I request that, due to unusually circumstances that occurred, the penalty be waived this time. The annual filing of this document has already been placed on my 2000 calendar to ensure that this does not happen again.

Thank you for your courteous consideration for this waiver, should you require more information, please feel free to contact me at home (954) 753-6889.

Sincerely,



Stephanie M. Hoppmeyer  
President and Owner