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

Mailing Address

2a. Mailing Address

City & State Ft. LAUD.

Suite, Apt. #, etc.

26

4890 NORTH STATE ROAD 7

TAMARAC FL. Foderal Hwy 1624 N. Foderal Hwy

1624 N. Federal Hwy

83 8 City

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.

Et LAND. FL. 33303

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TAMARAC FL

4890-NORTH STATE ROAD 7

2. Principal Place of Business

1624 N. Federal Hwy

Ft. LAVO. FL. 33308

SIEGEL, ANDREW L

PLANTATION FL 33324



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000054012 (4)

BROWARD 9, Name and Address of Current Registered Agent

HOME ACCENTS & GIFTS, INC.

1624 N. Federal Hwy

300 N.W. 82ND AVE. STE. 412

FILED Mar 23 1998 8:00am Secretary of State

| al Hwy | DO NOT WRITE IN THIS SPACE | E |
|--------------------|-------------------------------------------------------------------------------------|---------------------------------|
| al Huy 33305 | 3. Date Incorporated or Qualified 06/19/1997 | |
| leral Hwy | 4. FEI Number | Applied For |
| | 65-07618947 | Not Applicable |
| | 6. Certificate of Status Desired | B.75 Additional Fee Required |
| ۷. | | 5.00 May Be Added to Fees |
| Country BROWARD | 8. This corporation owes or has paid the current Personal Property Tax due June 30. | · — - |
| | 10. Name and Address of New Registered Ager | nt |
| 81 Name | · ———————————————————————————————————— | |
| 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| | | T == T = T |

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TIFLE 1.1 TITLE KOGAN, CLAUDIA L 1.2 NAME 3900 GALT OCEAN MILE #807 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY ST ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCHERER, MARLENE NAME 2.2 NAME 1751 N.E. 42ND ST. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP