

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90009 022 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000048681
 Corporation Name
CHRISTMAS AT YOUR PLACE INC.

Principal Place of Business
 13 SW 100TH TERRACE
 CORAL SPRINGS FL 33071

Mailing Address
 113 SW 100TH TERRACE
 CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|---|--|--|
| 3. Date Incorporated or Qualified 05/28/1998 | | 4. FEI Number 65-0853760 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 9. Name and Address of Current Registered Agent SNYDER, WILLIAM J 113 SW 100TH TERRACE CORAL SPRINGS FL 33071 | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | 84 City | | |
| 85 Zip Code | | FL | | |

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 _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| 1.1 TITLE PRESIDENT | <input type="checkbox"/> DELETE | 1.1 TITLE VICED PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME WILLIAM J. SNYDER | | 1.2 NAME JONATHAN M. SNYDER | |
| 1.3 STREET ADDRESS 113 SW 100TH TERRACE | | 1.3 STREET ADDRESS 113 SW 100TH TERRACE | |
| 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071 | | 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071 | |
| 2.1 TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | 3.2 NAME | |
| 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | 4.2 NAME | |
| 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | 5.2 NAME | |
| 5.3 STREET ADDRESS | | 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 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 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)