

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S33978 (5)  
1. Corporation Name  
HOLIDAY HOUSE GIFT SHOP, INC.



Principal Place of Business Mailing Address  
P O BOX 803 P O BOX 803  
MARCO FL 33969 MARCO FL 33969

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 950 N. COLLIER BLVD		26 950 N. COLLIER BLVD		02/22/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 202		27 202		65-0304859	
City & State		City & State		Applied For	
23 MARCO ISLAND, FL		28 MARCO ISLAND, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34145		29 34145		34145	
Country		Country		6. Election Campaign Financing	
25 US		30 US		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible	
HAUSLER, GARY J		81 Name		Personal Property Tax due June 30.	
950 N. COLLIER BLVD., #202		82 Street Address (P.O. Box Number is Not Acceptable)		9. Yes 10. No	
MARCO ISLAND FL 34145		83			
		84 City		FL	
		85 Zip Code		34145	

11. Pursuant to the provisions of Sections 607.0507 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	STILLMAN, NEIL A.	1.2 NAME	
STREET ADDRESS	941 S COLLIER BLVD #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D	2.1 TITLE	Change Addition
NAME	SUTTON, ELAINE	2.2 NAME	
STREET ADDRESS	641 S COLLIER BLVD #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	34145
TITLE	VP	3.1 TITLE	Change Addition
NAME	VAUGHAN, SUZANNE N	3.2 NAME	
STREET ADDRESS	190 SOCIETY CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	34145
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)