

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S51966 (7)

1. Corporation Name

JANEE'S PAPER PLACE & GIFTS, INC.



Principal Place of Business

9021 OAKHURST RD
SEMINOLE FL 34646

Mailing Address

9021 OAKHURST RD
SEMINOLE FL 34646

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/09/1991

3a. Date of Last Report

02/27/1995

4. FEI Number

59-3119394

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81. Name

Same

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

83

84. City

FL

85. Zip Code

RAIMI, RENEE

~~1340 INDIAN ROCKS RD~~
~~BELLEAIR FL 34616~~

212. Coe Rd
Belleair, FL 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent (if not the corporation's officer or director)

Signature of Registered Agent (if not the corporation's officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	RAIMI, RENEE	
STREET ADDRESS	1340 INDIAN ROCKS RD 212 Coe Rd	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE	S	☐ DELETE
NAME	RAIMI, DENISE	
STREET ADDRESS	595 MAIN STREET, #704	
CITY-STATE-ZIP	ROSEVELT ISLAND NY	
TITLE	V	☐ DELETE
NAME	RAIMI, JENNIFER	
STREET ADDRESS	1340 INDIAN ROCKS RD 212 Coe Rd	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE	D	☐ DELETE
NAME	RAIMI, MANUEL	
STREET ADDRESS	1340 INDIAN ROCKS RD 212 Coe Rd	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Renee B. Raimi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 (1813)
595-3496
Date: DuPont Phone:

CR2E034 (12/95)