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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26 1998 8:00am Secretary of State

1. Corporation	IN Name # 551966 IS PAPER PLACE & GIFTS,	` '				
Principal Place of Business		Mailing Address)	
9001 CAKHEIRST RD		9021 OAKHURST RD			1	
SEMINOLE FL SACE 33776		SEMINOLE FL 34648 33776		6	DO NOT INDITE IN THIS O	
	J) 11-				DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
					05/09/1991	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3119394	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	5. Certificate of Status Desired	\$8.75 Additional
		27		·	b. Certificate of Status Desired	Fee Required
*		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		1 0		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	otry	8. This corporation owes or has paid the curr	ent year Intangible
24	25 Name and Address of Current	Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered A	
DAI		riogistorea rigorit		Name	10,	
RAIMI, RENEE 212 COE ROAD					(DO D. N	
BELLEAIR FL 34616			ľ	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			Ī	33		
				84 City		85 Zip Code
•				City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ove-named co	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the apport	changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statu	tes.	ration's board of directors. Thereby accept the appli	omment as registered
SIGNATURE		·				
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Registered	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	DP DELETE		1.1 TUL	E T	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	raimi, renee		1 2 NAN			
STREET ADDRESS	212 COE ROAD		1	EET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		8	(-ST-ZIP		
TITLE	S	☐ DEL e te	2.1 TITL			Change Addition
NAME	RAIMI, DENISE		2.2 NAM	4E		
STREET ADDRESS	595 MAIN STREET, #704		2.3 STRI	EET ADDRESS		
CITY-ST-ZIP	ROSEVELT ISLAND NY		2. 4 CIT	Y-S1-ZIP	**************************************	
TITLE	V	DELETE	3.1 TITL	E		Change Addition
NAME [raimi, jennifer		3.2 NAM	IE		ĺ
STREET ADDRESS	212 COE ROAD		3.3 STR	EET ADORESS		
CITY-ST-ZIP	BELLEAIR FL		3.4. CIT	Y - ST - ZIP		
TITLE	D	☐ DELETE	4.1 TITL	E		Change Addition
NAME	RAIMI, MANUEL		4. 2 NAN	AE .	· · · · ·	
STREET ADDRESS	212 COE ROAD		4.3 STRI	EE1 ADDRESS		
CITY-ST-ZIP	BELLEAIR FL	Doriete		-ST-ZIP		100
TITLE		☐ DELETE	5.1 TITU	3		Change Addition
NAME			5.2 NAM	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		-ST-ZIP		Change
TITLE		☐ DELETE	6.1 TITU	t	·	Change Addition

6.3 STREET ADDRESS

3/20/98

813-595-3496

14. I hereby certify that the information supplied with this filling 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 officer or of