FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04333 (3)

1. Corporation Name
SHARPER IMAGE BUSINESS MACHINES, INC.

Principal Place of Business
~~4111 WEST WATERS AVENUE~~ 6712 SWAIN AVE
~~TAMPA FL 33614~~
~~US~~
TPA, FLA 33625

Mailing Address
~~4111 WEST WATERS AVENUE~~ P.O. BOX 272229
~~TAMPA FL 33614~~
~~US~~
TPA, FLA 33688-2229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1992	3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-3098458	☐ 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	

2. Principal Place of Business
21: 6712 SWAIN AVE
22: ~~TPA FL~~
23: TAMPA, FLA
24: 33625 Zip 25: HILLS County

2a. Mailing Address
26: P.O. BOX 272229
27:
28: TAMPA, FLA
29: 33688-2229 Zip 30: HILLS County

9. Name and Address of Current Registered Agent

GARI, GEORGE LUIS
6712 SWAIN AVENUE
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	11 TITLE	☐ Change ☐ Addition
NAME	GARI, GEORGE L	12 NAME	
STREET ADDRESS	6712 SWAIN AVENUE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33625	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the penalties stated in Section 817.155, 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 added to the report with an address.

SIGNATURE: Lazaro Gari 2/20/95 (813) 960-8247
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR

0297360 CP