SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V66813** (9)

1. Corporation Name
TRADITIONS WORKSHOP, INC.

Principal Place of Business
106 NORTH RIVER DRIVE E.
JUPITER FL 33458

Mailing Address
106 NORTH RIVER DRIVE E.
JUPITER FL 33458

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 02/09/1995
4. FEI Number: 65-0361067 ☐ 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
21 820 E Atlantic Ave
Suite, Apt #, etc
22
City & State
23 Delray Beach FL
Zip
24 33483
Country
25 USA

2a. Mailing Address
26 820 E Atlantic Ave
Suite, Apt #, etc.
27
City & State
28 Delray Beach FL
Zip
29 33483
Country
30 USA

9. **Name and Address of Current Registered Agent**
KASMAN, SHELDON
106 NORTH RIVER DRIVE E.
JUPITER FL 33458

10. **Name and Address of New Registered Agent**
81 Name: Haydee Kasman
82 Street Address (P.O. Box Number is Not Acceptable): 86 MacFarland Dr
83
84 City: Delray Beach FL
85 Zip Code: 33483

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] Haydee Kasman 7-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KASMAN, HAYDEE	
STREET ADDRESS	106 NORTH RIVER DRIVE E.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VS	☒ DELETE
NAME	KASMAN, SHELDON	
STREET ADDRESS	106 NORTH RIVER DRIVE E.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	86 MacFarland Dr	
1.4 CITY-ST-ZIP	Delray Beach FL 33483	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] Haydee Kasman 7/1/96 (561) 266-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0093681 CP