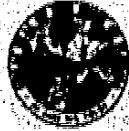


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

05 MAY -1 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000046562 (2)**

1. Corporation Name

**FLORIDA NOVELTY WHOLESALE, INC.**

Principal Place of Business

Mailing Address

11349 S. ORANGE BLOSSOM TR. #B-108  
ORLANDO FL 32837

11349 S. ORANGE BLOSSOM TR. #B-108  
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

30

4. FEI Number

59-3262256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangibles tax under S. 109.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

QAUD, SAM E  
11349 S. ORANGE BLOSSOM TR., #B-108  
ORLANDO FL 32837

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
NAME: JAMAL ZAHRAH  
STREET ADDRESS: 11937 Red Bridge Dr.  
CITY - ST - ZIP: ORLANDO, FL. 32824

TITLE: V. PRESIDENT  
NAME: SAM QAUD  
STREET ADDRESS: 11941 Red Bridge Dr.  
CITY - ST - ZIP: ORLANDO, FL. 32824

TITLE: WILLIAM QAUD, SECRETARY  
NAME: WILLIAM QAUD  
STREET ADDRESS: 11945 Red Bridge Dr.  
CITY - ST - ZIP: ORLANDO, FL. 32824

TITLE: TREASURER  
NAME: HUSAM ZAHRAH  
STREET ADDRESS: 11937 Red Bridge Dr.  
CITY - ST - ZIP: ORLANDO, FL. 32824

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

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: Jamal Zahrah JAMAL ZAHRAH

4-27-95

407-855-6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #