

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000045115 (9)**

1. Corporation Name
SPECIALTY GIFTS OF SWFL, INC.



Principal Place of Business: **3105 SE 11TH AVENUE STE A CAPE CORAL FL 33904**
Mailing Address: **3105 SE 11TH AVENUE STE A CAPE CORAL FL 33904**

3. Date Incorporated or Qualified: **06/06/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **1118 S.E. 21st St.**
Suite, Apt. #, etc.
22
City & State: **Cape Coral, FL**
Zip: **33990**
Country
25
2a. Mailing Address
26 **1118 S.E. 21st St.**
Suite, Apt. #, etc.
27
City & State: **Cape Coral, FL**
Zip: **33990**
Country
29
30

4. FEI Number: **05-0584191**
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

9. Name and Address of Current Registered Agent

**DORING, LOUIS C III
3105 SE 11TH AVENUE STE A
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name: **Doring Louis C III**
82 Street Address (Box Number is Not Acceptable): **1118 S.E. 21st St.**
83
84 City: **Cape Coral** FL 85 Zip Code: **33990**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: _____ (Type or print name of registered agent or director) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PVST	<input type="checkbox"/>
NAME	DORING, LOUIS C III	
STREET ADDRESS	3105 SE 11TH AVENUE STE A	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/>
NAME	DORING, LOUIS C III	
STREET ADDRESS	3105 SE 11TH AVENUE STE A	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	PVST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Doring Louis C III		
13 STREET ADDRESS	1118 S.E. 21st St.		
14 CITY - ST - ZIP	Cape Coral, FL 33990		
21 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	Doring Louis C III		
23 STREET ADDRESS	1118 S.E. 21st St.		
24 CITY - ST - ZIP	Cape Coral, FL 33990		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/96 (941) 574-5184

CR2E034 (12/95)