

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000069955 (9)**  
 1. Corporation Name  
**G.I.F.T., INC.**



Principal Place of Business: **5201 SW 90 AVE COOPER CITY FL 33328 US**  
 Mailing Address: **4611 S. UNIVERSITY DR., STE. 148 DAVIE FL 33328-3817**

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>09/07/1995</b>                          | 3a. Date of Last Report<br><b>05/09/1996</b>  |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0615973</b>  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required   |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees  |
| 24. Country                    | 29. Country             | 30. Country   | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |  |                        |
|---|--|--|------------------------|
| 9. Name and Address of Current Registered Agent                           |  | 10. Name and Address of New Registered Agent           |                        |
| <b>BALDWIN, RONALD E<br/>5201 S.W. 90TH AVE.<br/>COOPER CITY FL 33328</b> |  | 81. Name   |                        |
|   |  | 82. Street Address (P.O. Box Number is Not Acceptable) |                        |
|   |  | 83.  |                        |
|   |  | 84. City   | <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>RON BALDWIN</b>                        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>5201 SW 90 AVE</b>                     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>COOPER CITY FL</b>                     | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 2.1 TITLE   | <b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  | <b>DIANA MANDLI BALDWIN</b>   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    | <b>5201 SW 90 AVENUE</b>  |
| CITY - ST - ZIP            |   | 2.4 CITY - ST - ZIP                                   | <b>COOPER CITY, FL 33328</b>  |
| TITLE                      | <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE: *Diana Mandli Baldwin* **4-16-97** **954-370-6111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DIANA MANDLI BALDWIN** Date Daytime Phone #

CR2E034 (9/96)