

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

FILED
Jul 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P95000069955 (9)*
 1. Corporation Name
G.I.F.T., Inc.

Principal Place of Business <i>5201 S.W. 90 AVENUE COOPER CITY, FL 33328</i>	Mailing Address <i>SAME</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>09/07/95</i>	4. FEI Number <i>65-0615973</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

*RONALD E. BALDWIN
5201 S.W. 90 AVENUE
COOPER CITY, FL 33328*

10. Name and Address of New Registered Agent

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

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 <i>PRESIDENT/DIRECTOR</i> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 NAME	
NAME <i>RON BALDWIN</i>	1.2 NAME	1.2 STREET ADDRESS	
STREET ADDRESS <i>5201 S.W. 90 AVENUE</i>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
CITY-ST-ZIP <i>COOPER CITY, FL 33328</i>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	
TITLE <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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*****558.75**

A-7-113

14. I 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: *[Signature]* **7-6-98** **954-680-8111**

CR2E034 (10/97)