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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000069955

1. Corporation Name
G.I.F.T., INC.



Principal Place of Business: 5201 SW 90 AVE, COOPER CITY FL 33328, US
 Mailing Address: 5201 SW 90 AVE, COOPER CITY FL 33328, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1995

4. FEI Number: 65-0615973

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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **BALDWIN, RONALD E, 5201 S.W. 90TH AVE, COOPER CITY FL 33328**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: RON BALDWIN	1.1 TITLE: PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5201 SW 90 AVE	CITY-ST-ZIP: COOPER CITY FL	1.2 NAME:	
TITLE: STD	NAME: BALDWIN, DIANA MANDLI	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5201 SW 90TH AVE	CITY-ST-ZIP: COOPER CITY FL	1.4 CITY-ST-ZIP:	
TITLE:	NAME:	2.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE: SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: WILLIAM R. MANDLI	
TITLE:	NAME:	3.3 STREET ADDRESS: 824 SE 6 COURT	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33301	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

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, with all other like empowered.

SIGNATURE: _____ DATE: 2/26/99 DAYTIME PHONE #: 954-680-8111

CR2E034 (11/98)