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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90028 035 \*\*\*150.00

## DOCUMENT # **P96000038448**

GIFT ASSISTANTS USA, INC.

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Principal Place	of Business	Mailing Address					t sådtiååt tra tåtin milit pa		:			
215 JOSHUA PLACE		215 JOSHUA PLACE				ŀ						
MERRITT ISLAN	ID FL 32953	MERRITT ISLAND FL 32953					DO NOT WRITE IN THIS SPACE					
						3	. Date Incorporated or Quali			***		]
						l l	04/29/1996					1
2. Principal Pt	lace of Business	2a. Mailing Addre	ess			4	I. FEI Number			Ap	plied For	
21		26					59-3383659			No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				. Certifcate of Status Desire	d 🗆	,		Additional	l
22	·	27					, 00,111,021,0 0, 0,121,0 0 0 0 1 0				equired	-
City & State		City & State				6	6. Election Campaign Financi	ing 🗆			May Be	
23		28					Trust Fund Contribution			Added	to Fees	┨
Zip Country		<b>⊢</b> .	Zip Country			8	<ol> <li>This corporation owes the Personal Property Tax.</li> </ol>	current yea		ible Yes	□No	
24	9. Name and Address of Currer	29	30	$\overline{}$		10	). Name and Address of Ne	w Registe				1
	9. Name and Address of Currer	it Kediziei en Adeiit	· · · · · · · · · · · · · · · · · · ·	81	Name	•	, , , , , , , , , , , , , , , , , , ,					1
MAR	ICHETTI, STACY F											-
215 JOSHUA PLACE			82	Street A	Address (	(P.O. Box Number is Not Acc	eptable)					
MER	RITT ISLAND FL 32953			83								1
									- 1.	e	Code	-
	·			84	City				FL ľ	35 Zip	Code	
   <b>11</b> . Pursuant1	to the provisions of Sections 607:050	2 and 607:1508, Florid	la Statutes, th	ne above	e named o	corporation	on submits this statement for	the purpor	se.of.cha	nging its	registered	]_
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang itions of, Section 607.0	je was authori 505, Florida S	ized by Statutes	tne corpo	oration's t	ooard of directors, I hereby a	ccept the a	appointin	ciii as ie	gistereu	ļ
CICMATURE												ļ
SIGNATURE	Signature, typed or printed name of registered age		(NQTE: Regist			equired wher		DAT			DDC IN 40	 
12.	OFFICERS AN	ND DIRECTORS		13.		equired when	n reinstating) ADDITIONS/CHANGES TO		S AND I			
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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 approximation of the corporation 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 approximation of the corporation of the co