

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **187061** (7)

1. Corporation Name
WYNNEWOOD GIFTS, INC.



Principal Place of Business: % MICHAEL BROWN, 3195 PONCE DE LEON BLVD, CORAL GABLES FL 33134
Mailing Address: % MICHAEL BROWN, 3195 PONCE DE LEON BLVD, CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **08/08/1955**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-0752887**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

MICHAEL S. BROWN
3195 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (Name of Registered Agent required if member of firm)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HERTZ, ARTHUR H.	2. NAME	
3. STREET ADDRESS	3195 PONCE DE LEON BLVD.	3. STREET ADDRESS	
4. CITY-ST-ZIP	CORAL GABLES FL	4. CITY-ST-ZIP	
5. TITLE	VST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	BROWN, MICHAEL S.	6. NAME	
7. STREET ADDRESS	3195 PONCE DE LEON BLVD.	7. STREET ADDRESS	
8. CITY-ST-ZIP	CORAL GABLES FL	8. CITY-ST-ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-ST-ZIP		12. CITY-ST-ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-ST-ZIP		16. CITY-ST-ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-ST-ZIP		20. 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 addition report with an address.

SIGNATURE: *Michael S. Brown*
MICHAEL S. BROWN
VICE PRES

CR2E034 (12/95)