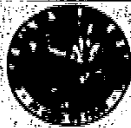


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 28 PM 3:49**

**DOCUMENT # 459810 (8)**

1. Corporation Name  
**ROBERT'S GIFT CENTER, INC.**

Principal Place of Business Mailing Address  
**100 NW 18TH ST DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/20/1974** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-1556100** Applied For Not Applicable

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 2a. Mailing Address  
21 **518 East Atlantic Ave** 2b  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Delray Beach FL** 27  
City & State City & State  
23 **33489** 28 **Palm Beach** 29  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**CHESLA, ROBERT**  
**100 NW 18TH ST**  
**DELRAY BCH FL 33444**

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 607.1508, 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESLA, ROBERT J.</b>	12 NAME	
STREET ADDRESS	<b>518 E ATLANTIC AVE</b>	13 STREET ADDRESS	<b>100 NW 18 street</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	14 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESLA, ANN C.</b>	2.2 NAME	
STREET ADDRESS	<b>518 E ATLANTIC AVE</b>	2.3 STREET ADDRESS	<b>100 NW 18 street</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 attachment with an affidavit.

SIGNATURE: Robert J. Chesla Pres. **ROBERT J. CHESLA** 1/195 <sup>407</sup> 296-5447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Indicate Year & Month)