FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:59

DOCUMENT # **473344** **(0)**

1. Corporation Name
BROWARD GIFTS, INC.

Principal Place of Business	Mailing Address
1930 N.W. 86TH AVE. PEMBROKE PINES FL 33024	1930 N.W. 86TH AVE. PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1975**
3a. Date of Last Report: **01/21/1994**

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

4. FEI Number: **59-1580608** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAUMAN, LEROY **1930 NW 86TH AVENUE** **PEMBROKE PINES FL 33024**	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 _____ (Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent signature required in all cases) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	BAUMAN, SONDRA	12 NAME	
13 STREET ADDRESS	1930 N.W. 86TH AVE.	13 STREET ADDRESS	
14 CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	BAUMAN, BRYAN	22 NAME	
23 STREET ADDRESS	1930 N.W. 86TH AVE.	23 STREET ADDRESS	
24 CITY ST ZIP	PEMBROKE PINES FL	24 CITY ST ZIP	
31 TITLE	SD	31 TITLE	☐ Change ☐ Addition
32 NAME	BAUMAN, LEROY	32 NAME	
33 STREET ADDRESS	1930 N.W. 86TH AVE.	33 STREET ADDRESS	
34 CITY ST ZIP	PEMBROKE PINES FL	34 CITY ST ZIP	
41 TITLE	TD	41 TITLE	☐ Change ☐ Addition
42 NAME	BAUMAN, ELYSE	42 NAME	
43 STREET ADDRESS	1930 N.W. 86TH AVE.	43 STREET ADDRESS	
44 CITY ST ZIP	PEMBROKE PINES FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I 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)(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: LeRoy Bauman LEROY BAUMAN 1/9/95 305-435-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004800 CP