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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **502943** **(4)**

1. Corporation Name
CIRCUS GIFTS, INC.

Principal Place of Business	Mailing Address
P O BOX 265550 P.O.BOX 5796 DAYTON BEACH FL 32126 US	PO BOX 265550 P.O.BOX 5796 DAYTON BEACH FL 32126-5550 US

3. Date Incorporated or Qualified: 04/30/1976
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business
21: P.O. Box 265550
22: Suite, Apt. #, etc.
23: City & State: Daytona Beach, FL
24: Zip: 32126
25: Country: USA

2a. Mailing Address
26: P.O. Box 265550
27: Suite, Apt. #, etc.
28: City & State: Daytona Beach, FL
29: Zip: 32126
30: Country: USA

4. FEI Number: 59-1644391 ☐ 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
PASPALATIS, ELENY LISA
960 MANGARITA CIR
ORMOND BCH FL 32176

10. Name and Address of New Registered Agent
81 Name: PSAROS, Eleny Lisa
82 Street Address (P.O. Box Number is Not Acceptable): 960 Margarita Circle
83: Ormond Beach
84 City: FL 85 Zip Code: 32176

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: Eleny Lisa Psaros Eleny Lisa Psaros Secretary/Treas 4/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PASPALAKIS, PANORMITTS 2505 N. HALIFAX DRIVE DAYTONA BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST PSAROS, ELENY LISA 960 MANGARITA CIR ORMOND BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Eleny Lisa Psaros Eleny Lisa Psaros 4/19/97 SEC/TREASURER