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

APPROVED AND FILED

'95 MAR -6 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **503139** **(8)**

1. Corporation Name
AFRICANA GIFTS & SHELLS, INC.

Principal Place of Business	Mailing Address
17570 N. TAMIAMI TRAIL P. O BOX 1830 FT MYERS FL 33902	17570 N. TAMIAMI TRAIL P. O BOX 1830 FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1976
3a. Date of Last Report: 03/22/1994

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

4. FEI Number: 59-1673320 ☐ 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

VIRJI, ANIZ M.
3934 HIDDEN ACRES CIR
NO. FORT MYERS FL 33903

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
*Typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VIRJI, ANIZ M.	12 NAME	
STREET ADDRESS	3934 HIDDEN ACRES	13 STREET ADDRESS	
CITY-ST-ZIP	NO. FORT MYERS FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	VIRJI, NAZNEEN	22 NAME	
STREET ADDRESS	3934 HIDDEN ACRES	23 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	VIRJI, NAUSHAD	32 NAME	
STREET ADDRESS	3934 HIDDEN ACRES CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	VIRJI, AYAZ	42 NAME	
STREET ADDRESS	3934 HIDDEN ACRES CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	VIRJI, AZAD	52 NAME	
STREET ADDRESS	3934 HIDDEN ACRES CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information contained herein, which 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 added above.

SIGNATURE: _____ 2/24/95 813-731-1500
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448440 FP