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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 503139

(8)

1. Corporation Name

AFRICANA GIFTS & SHELLS, INC.

Principal Place of Business

17570 N. TAMAMI TRAIL
P. O BOX 1830
FT MYERS FL 33902

Mailing Address

17570 N. TAMAMI TRAIL
P. O BOX 1830
FT MYERS FL 33902-1830



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/13/1976

3a. Date of Last Report

05/01/1996

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VIRJI, ANIZ M.
STREET ADDRESS 3934 HIDDEN ACRES
CITY-ST-ZIP NO. FORT MYERS FL

☐ DELETE

TITLE S
NAME VIRJI, NAZNEEN
STREET ADDRESS 3934 HIDDEN ACRES
CITY-ST-ZIP N. FORT MYERS FL

☐ DELETE

TITLE VP
NAME VIRJI, NAUSHAD
STREET ADDRESS 3934 HIDDEN ACRES CIRCLE
CITY-ST-ZIP N FT MYERS FL

☐ DELETE

TITLE VP
NAME VIRJI, AYAZ
STREET ADDRESS 3934 HIDDEN ACRES CIRCLE
CITY-ST-ZIP N FT MYERS FL

☐ DELETE

TITLE T
NAME VIRJI, AZAD
STREET ADDRESS 3934 HIDDEN ACRES CIRCLE
CITY-ST-ZIP N FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (941) 731-1500

CR2E034 (9/96)