

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 522265 (8)
1. Corporation Name
PERSONAL GIFTS, INC. OF FLORIDA

Principal Place of Business 19000 N.E. 5TH AVE. NORTH MIAMI BEACH FL 33179-990 US	Mailing Address 19000 N.E. 5TH AVE. NORTH MIAMI BEACH FL 33179-990 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33179-3990		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33179-3990		3. Date Incorporated or Qualified 12/09/1976		4. FEI Number 13-2521743		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent REESE, JONATHAN 19000 N.E. 5TH AVE. NORTH MIAMI BCH FL 33179				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change	Addition	
NAME	REESE, JONATHAN			1.2 NAME			
STREET ADDRESS	19000 N.E. 5TH AVE.			1.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI FL			1.4 CITY - ST - ZIP			
TITLE	ST	DELETE		2.1 TITLE	Change	Addition	
NAME	REESE, MIRIAM			2.2 NAME			
STREET ADDRESS	19000 N.E. 5TH AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI FL			2.4 CITY - ST - ZIP			
TITLE	D	DELETE		3.1 TITLE	Change	Addition	
NAME	REESE, MIRIAM			3.2 NAME			
STREET ADDRESS	19000 N.E. 5TH AVE.			3.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI FL			3.4 CITY - ST - ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I 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:

JONATHAN REESE 2/6/98 (305) 653-1258

CP2E034 (10/97)