

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **573976** (8)
1. Corporation Name
FLAGLER LUGGAGE & GIFT CORP.



Principal Place of Business: **145 EAST FLAGLER STREET MIAMI FL 33131-1112**
Mailing Address: **145 EAST FLAGLER STREET MIAMI FL 33131-1112**

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

3. Date Incorporated or Qualified: **05/22/1978**
3a. Date of Last Report: **04/18/1995**
4. FET Number: **59-1918342** 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. 193.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**AXELROD, SAMUEL
3101 ROYAL PALM AVENUE
MIAMI BEACH FL 33139**

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 607.1504, 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, thereby accept the appointment as registered agent. I am hereby waiving and accepting the obligations of Section 607.0504, Florida Statutes.

SIGNATURE: _____ OFFICERS AND DIRECTORS: _____ ADDITIONAL REGISTERED AGENTS: _____

12. OFFICERS AND DIRECTORS
11 TITLE: **PD** DELETE
NAME: **AXELRAD, SAMUEL**
STREET ADDRESS: **3101 ROYAL PALM AVE**
CITY, STATE, ZIP: **MIAMI BCH FL**
12 TITLE: **SD** DELETE
NAME: **BEILE AXELRAD**
STREET ADDRESS: **3101 ROYAL PALM AVE**
CITY, STATE, ZIP: **MIAMI BCH FL**
13 TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
14 TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
15 TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY, STATE, ZIP: Change Addition
21 TITLE: Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY, STATE, ZIP: Change Addition
31 TITLE: Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY, STATE, ZIP: Change Addition
41 TITLE: Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY, STATE, ZIP: Change Addition
51 TITLE: Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, STATE, ZIP: Change Addition
61 TITLE: Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY, STATE, ZIP: _____

14. I do 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)(k), 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 or person appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, or on a attachment with an address.

SIGNATURE: *Sandra B. Montgomer* president 371-3858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)