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 MAY -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826870 (8)

1. Corporation Name
SPENCER GIFTS, INC.

Principal Place of Business	Mailing Address
6826 BLACK HORSE PIKE #109 PLEASANTVILLE NJ 08232	6826 BLACK HORSE PIKE #109 PLEASANTVILLE NJ 08232

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1971
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 22-1935091 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, 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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	CAREY, GENE	1.2 NAME	
STREET ADDRESS	6826 BLACK HORSE PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NJ	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	MANGEL, RONALD	2.2 NAME	
STREET ADDRESS	6826 BLACK HORSE PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NJ	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	HACALA, JOHN	3.2 NAME	
STREET ADDRESS	6826 BLACK HORSE PIKE	3.3. STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NJ	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, GEORGE	4.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY	4.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	SAMUEL, MIKE	5.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY NJ	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, RICHARD E.	6.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY NJ	6.4 CITY-ST-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)(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: Gregory T. Moulton 4-27-95 609 645-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484189 FN