FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION 95 B-12000
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:30

DOCUMENT # **G61402** (5)

1. Corporation Name
ASSOCIATED GIFT SHOPS #6, INC.

Principal Place of Business	Mailing Address
104 CRANDON BLVD., SUITE 412 KEY BISCAYNE FL 33149	104 CRANDON BLVD., SUITE 412 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1983	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2332019	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 SAME AS MAILING ADDRESS	26 799 Brickell Plaza
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. #900
23 City & State	28 City & State Miami, FL
24 Zip	25 Country
	29 Zip 33131
	30 Country Dade

9. Name and Address of Current Registered Agent

G. C. GREAVES
104 CRANDON BLVD., SUITE 412
SUITE 2
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: Joseph J. Weisenfeld
82 Street Address (P.O. Box Number is Not Acceptable): 799 Brickell Plaza #900
83
84 City: Miami FL 85 Zip Code: 33131

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 of current or new registered agent required if applicable) (NOTE: Registered Agent signature required when mandatory) DATE: May 31, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	GREAVES, GARY C.	12 NAME	
STREET ADDRESS	10415 SW 87TH AVENUE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	RUSTIN, HAROLD	22 NAME	
STREET ADDRESS	550 OCEAN DR.	23 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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 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: Harold Rustin 4/27/95 305-365-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Harold Rustin

0162163 CP