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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

G61402

(5)

ASSOCIATED GIFT SHOPS #6, INC.

FILED May 01, 1996 08:00 AM Secretary of State



Principal Place of	Business	Mailing Address			
799 BRICKEL	L AVE	799 BRICKELL AVE			
STE 800 Miami Fl 33131 US		STE 900 Miami Fl 33131			
		US		3. Date Incorporated or Qualified 09/28/1983	3a. Date of Last Report 05/01/1995
. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-2332019	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	(5) \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
	25	29	30	Fiorida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10, Name and Address of New A	Edizielen wäellt
799 BRI STE 900	IFELD, JOSEPH J CKELL PLAZA) EL 33131		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
or registered familiar with SIGNATURE	d agent, or both, in the State of Flor , and accept the obligations of, Sec gratine, typed or printed name of registrated agen	ida Such change was authori tion 607.0505, Florida Statute Land the raphkase N	zed by the corporation's bas s. OTE: Registered Agent signature requir	The second secon	DATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
IITLE	DVP	DELETE	1. 1 TOLE 1.2 NAME		
IAME	GREAVES, GARY C. 10415 SW 87TH AVENUE		1.3 STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP	MIAMI FL		1.4 C/TY - ST - Z)P		
ITLE	PD	DELETE	2 1 TITLE	3,000	Change Addition
IAME	RUSTIN, HAROLD		22 NAME		
TREET ADDRESS	550 OCEAN DR.		2.3 STHEET ADDRESS		
HTY-SI-ZIP	KEY BISCAYNE FL		23 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
		DELETE	2 4 CITY-ST-ZIP 3 1 TILLE		Change Addition
ITLE	13 / 1000	DETELE	24 CHY-ST-ZIP 3-1 THLE 3-2 NAME		☐ Change ☐ Addition
ITLE IAME ITREET ADDRESS		[] DELETE	24 CHY-SI-ZIP 3 1 THE 3 2 MAME 3 3 STREEL ADDRESS		Change Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP			2 4 CHY-SI-ZIP 3 1 THE 3 2 MAME 3 3 STREEL ADDRESS 3.4 CHY-SI-ZIP		
ITLE IAME ITREET ADDRESS EITY - ST - ZIP ITLE		☐ DETELE	24 CHY-SI-ZIP 3 1 THE 3 2 MAME 3 3 STREEL ADDRESS		
ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME			24 CHY-SI-ZIP 3 1 THE 3 2 MAME 3 3 STREET ADDRESS 3 4 CHY-SI-ZIP 4 1 TIGLE		
ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS			2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME	7000018	Change [] Additio
ITLE IAME STREET ADDRESS ITTY-ST-ZIP ITLE IAME STREET ADDRESS DTY-ST-ZIP			2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS	7000018 -05/07/96010	Change Additio
ITLE IAME STREET ADDRESS ITTY-ST-ZIP ITLE STREET ADDRESS DITY-ST-ZIP ITLE		☐ DELETE	2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP	700018 -05/07/96010 ***200.00	□ Change □ Additio
ITLE IAME IAME ITREET ADDRESS ITTY-ST-ZIP ITLE IAME ITREET ANDRESS ITY-ST-ZIP ITLE IAME		☐ DELETE	2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE	-05/07/96010	□ Change □ Additio
ITLE IAME ISTREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME IAME IAME IAME		☐ DEFEIF	2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREELADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREELADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME	-05/07/96010	□ Change □ Additio
ITTLE VAME STREET ADDRESS CITY - ST - ZIP FITTLE VAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP		☐ DELETE	2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	-05/07/96010	Change Addition
TITLE VAME VAME STREET ADDRESS DITY - ST - ZIP TITLE NAME STREET ADDRESS DITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		☐ DEFEIF	2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 5.5 AME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP	-05/07/96010	Change Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS		☐ DEFEIF	2 4 CITY - ST- ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST- ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP 6 1 TITLE	-05/07/96010	Change Addition

4. 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 empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

361-5798