## 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 # H54861

(0)

## UNUSUAL GIFTS THAT TRAVEL, INC.

Principal Place of Business Mailing Address								
C/O ANITA WEISS 3600 N 45TH AVE			C/O ANITA WEISS 3600 N 45TH AVE					
HOLLYWOO	D FL 33021			HOLLYWOOD FL 33021			3. Date Incorporated or Qualified 3a. Date of Last Report	
								05/01/1985 04/18/1995
2. Principal Pla	ice of Busine	SS	2a.	Mailing Address				4. FEI Number Applied For
21			26					59-2549881   Not Applicable
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.	····			5. Certificate of Status Desired S8.75 Additional Fee Required
Orty & State	1		28	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zφ		Country		Zip	Col	intry		This corporation has liability for intangible tax under s 199.032,
24		25	29	30		r		Florida Statutes Yes No
	9. Name	and Address of (	Current Regist	tered Agent		61	Name	10. Name and Address of New Registered Agent
						°'	Name	
WEISS, ANITA 3600 N 45TH AVE				82	Street A	Address (P.O. Box Number is Not Acceptable)		
	WOOD FL					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 _				av.	NE. Dogistoro	i faor	d nignal, en es	required when reinstating). DATE
12.	Signature, typeo	or printed name of register OFFICE	RS AND DIREC		13.	, Ayer	it bigiratore re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	01.102	107,120011120	DELETE	1.1	TITLE	[	Change Addition
NAMÉ	1	, ANITA			1.2 N	AME	İ	
STREET ADDRESS		N 45TH AVE			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	Į.	WOOD FL			140	aty-s	T-ZIP	
TITLE				DELETE	2.1	TITLE		☐ Change ☐ Addition
NAME					221	IAME		
STREET ADDRESS					2.3 \$	TREET	ADDRESS	•
CITY-ST-ZIP					2.4 (	17 Y - S	T-ZIP	
TITLE				DELETE	3. 1	TITLE		Change Addition
NAME					3.2 ₱	AME		
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CITY-ST-ZIP					3.4 (	HTY-5	T-ZIP	
TITLE	}			☐ DELETE	4.1	TITLE	1	☐ Change ☐ Addition
NAME						AME		
STREET ADORESS					4.3 5	TREET	ADDRESS	
CITY-ST-ZIP	<b></b>						ST-21P	☐ Change ☐ Addition
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NAME						IAME	J	
STREET ADDRESS							ADDRESS	5
CITY-ST-ZIP				ED beiete			ST-ZIP	Change C Addition
TITLE				DELETE		TITLE		Change Addition
NAME						IAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	L	40 - 1 - 5 41	anlind with this	filipp in voluntarily for			ST-ZIP	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. I do hereby ce tify 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 cath; 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: 9

LILLA THEO OR PRINTED NAME OF STORMING OFFICER OR DIRECTOR WEISS)

4/22/96 (305)983-056

CR2E034 (12/95)