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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H54861**

1. Corporation Name

UNUSUAL GIFTS THAT TRAVEL, INC.

Principal Place	of Business	Mailing Address					
C/O ANITA WEISS C/O ANITA WEISS							
3600 N 45TH AVE 3600 N 45TH AVE							
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE II	THIS SPACE	 -
					3. Date Incorporated or Qualifed 05/01/1985		
2. Principal'Pl	lace of Business	- 2a. Mailing Address			4. FEI Number	_ Ap	plied For
21		26			59-2549881	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	, \$8.75 A	
22		27			5, Certificate of Status Desired	Fee Re	quired
City & State	e .	City & State			6. Election Campaign Financing	, \$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current	year Intangible	
24	25	29 30	9		Personal Property Tax.		□No
	9. Name and Address of Curre		·		10. Name and Address of New Regi	stered Agent	
			81	Name	• •		
WEIS	SS, ANITA		<u> </u>				
3600 N 45TH AVE			82	Street Add	lress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021			83				
1102			03				
	•		84	City		FL 85 Zip (Code
				<u></u>	poration submits this statement for the purp		
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Florida	a Statutes	š. 		DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
TITLE	DP	☐ DELÉTE	1.1 TITLE			☐ Change	☐ Addition (
NAME	WEISS, ANITA		1.2 NAME				
STREET ADDRESS	3600 N 45TH AVE		1.3 STREE	TADORESS			
	HOLLYWOOD FL		1.4 CITY- S		•		
CITY-ST-ZIP	HOLEIWOODIE	☐ DELETE	2.1 TITLE	71-21		Change	☐ Addition
ļ			2.2 NAME				_ (
NAME				T ADDOCCO			
STREET ADORESS		, , , , , , , , , , , , , , , , , , , ,	1	TADDRESS	-		
CITY-ST-ZIP		□ pci ett	2.4 CITY-1	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE	ĺ	•	~	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	\	•	☐ Change	Addition
NAME			4.2 NAME	:)
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	,		4.4 CITY-S	ST-ZIP			
TITLE	-	☐ DELETE	5.1 TITLE	[☐ Change	☐ Addition
NAME	• •		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	,		5.4 CITY-9	ST-ZIP			
TITLE	,	☐ DELETE	6.1 πτLE	-		Change	☐ Addition
		_	6.2 NAME				

14. hereby certify that the information supplied with this filing 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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP