

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H63054 (1)

1. Corporation Name

SISTER'S CHOICE GIFTS, INC.

Principal Place of Business

Mailing Address

C/O MOLLY T. NORMAN
101 OLD US HIGHWAY 27
LAKE HARBOR FL 33459
US

C/O MOLLY T. NORMAN
101 OLD US HIGHWAY 27
LAKE HARBOR FL 33459
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/20/1985	3a. Date of Last Report 02/09/1995
4. FEI Number 59-2552473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN, MOLLY T.
101 OLD US HWY #27
LAKE HARBOR FL 33459

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINGSWORTH, ROBIN T.	1.2 NAME	Reynolds, Nola T.
STREET ADDRESS	101 OLD US HWY, #27	1.3 STREET ADDRESS	101 Old US Hwy #27
CITY-ST-ZIP	LAKE HARBOR FL	1.4 CITY-ST-ZIP	Lake Harbor, FL 33459
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, MARTHA L. T.	2.2 NAME	Weeks, Martha L.T.
STREET ADDRESS	101 OLD US HWY, #27	2.3 STREET ADDRESS	101 Old US Hwy #27
CITY-ST-ZIP	LAKE HARBOR FL	2.4 CITY-ST-ZIP	Lake Harbor, FL 33459
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, MOLLY T.	3.2 NAME	Hollingsworth, Robin T.
STREET ADDRESS	101 OLD US HWY, #27	3.3 STREET ADDRESS	101 Old US Hwy #27
CITY-ST-ZIP	LAKE HARBOR FL	3.4 CITY-ST-ZIP	Lake Harbor, FL 33459
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Norman, Molly T.
STREET ADDRESS		4.3 STREET ADDRESS	101 Old US Hwy #27
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Harbor, FL 33459
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robin T. Hollingsworth* *secretary* 1/16/96 407-996-0469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)