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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 MAY -1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H86979 (2)

1. Corporation Name
FLORIDA GIFTS & SOUVENIRS, INC.

Principal Place of Business
7535 INTERNATIONAL DR
ORLANDO FL 32819-8236

Mailing Address
7535 INTERNATIONAL DR
ORLANDO FL 32819-8236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1985
3a. Date of Last Report: 08/10/1994

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

4. FEI Number: 59-1951068 — 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

9. Name and Address of Current Registered Agent
NAQUI, MUKHTAR ALI
7535 INTERNATIONAL DR.
ORLANDO FL 33819

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, Street or postal name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANSARI, TAHIR | 1.2 NAME | 100001485401 |
| STREET ADDRESS | 10469 DOWN LAKEVIEW CIR | 1.3 STREET ADDRESS | -05/12/95--01026--018 |
| CITY ST ZIP | WINDERMERE FL | 1.4 CITY ST ZIP | ****208.75 ****208.75 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | NAQVI, MUKHTAR | 2.2 NAME | |
| STREET ADDRESS | 8124 LAUREL TREE DR | 2.3 STREET ADDRESS | |
| CITY ST ZIP | ORLANDO FL 32819 | 2.4 CITY ST ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | NAQVI, ANEES M. | 3.2 NAME | |
| STREET ADDRESS | 8124 LAUREL TREE DR | 3.3 STREET ADDRESS | |
| CITY ST ZIP | ORLANDO FL 32819 | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | T.S. 5/11/95 |
| 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 the 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:** _____ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001618 CP