

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90206 043 \*\*\*150.00

DOCUMENT # J49058

1. Corporation Name

PUTTIN ON THE RITZ GIFT SHOP INC.

Principal Place of Business

CELEBRATIONS C/O PUTTIN ON THE RITZ  
417 PLAZA REAL  
BOCA RATON FL 33432

Mailing Address

CELEBRATIONS C/O PUTTIN ON THE RITZ  
417 PLAZA REAL  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

US

US

3. Date Incorporated or Qualified

12/29/1986

2. Principal Place of Business

2a. Mailing Address

21 Boca Raton FL

26

4. FEI Number

59-2766159

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

24 33432 25 P.R. beach

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENDEZ, SERGIO L  
2151 LEJEUNE ROAD  
STE 301  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

33

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 ☐ DELETE

NAME  
BUGLINO, JOHN P.  
STREET ADDRESS  
4301 N OCEAN BLV  
CITY-ST-ZIP  
BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
BUGLINO, DEBORAH  
STREET ADDRESS  
4000 TOWERSIDE TER #1206  
CITY-ST-ZIP  
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
BUGLINO, PHILIP  
STREET ADDRESS  
4000 TOWERSIDE TER #1206  
CITY-ST-ZIP  
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
BUGLINO, MARY ANN  
STREET ADDRESS  
4301 N OCEAN BLV  
CITY-ST-ZIP  
BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 561393122

CR2E034 (11/98)