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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -5 PM 12:30

DOCUMENT # K03553 (0)

1. Corporation Name
ASSOCIATED GIFT SHOPS #9, INC.

Principal Place of Business
104 CRANDON BOULEVARD
SUITE 412
KEY BISCAYNE FL 33149

Mailing Address
104 CRANDON BOULEVARD
SUITE 412
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2851467 ☐ 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

2. Principal Place of Business, or both, in the State of Florida
21 SAME AS MAILING ADDRESS
22 Suite, Apt #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 799 Brickell Plaza
27 Suite, Apt #, etc: #900
28 City & State: Miami, FL
29 Zip: 33131 30 Country: Dade

9. Name and Address of Current Registered Agent
G. C. GREAVES
104 CRANDON BLVD.
SUITE 412
KEY BISCAYNE 33149

10. Name and Address of New Registered Agent
81 Name: Joseph J. Weisenfeld
82 Street Address (P.O. Box Number is Not Acceptable): 799 Brickell Plaza #900
83
84 Miami, FL 85 Zip Code 33131

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] May 31, 1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RUSTIN, HAROLD
STREET ADDRESS	550 OCEAN DR.
CITY ST ZIP	KEY BISCAYNE FL
TITLE	D
NAME	GREAVES, GARY C.
STREET ADDRESS	10415 SW 87TH AVE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP	REMITTED BY MAY 1	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: Harold Rustin 4/27/95 305-365-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Harold Rustin

0102143 CP