

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
CORPORATIONS

DOCUMENT # **K29379** (0)

APPROVED
(18)
1995
SE MAY 1 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLAGLER AVENUE GIFTS & TREASURES, INC.

Principal Office Address: **37 FLAGLER AVENUE STUART FL 34994**
Mailing Address: **37 FLAGLER AVENUE STUART FL 34994**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Incorporation		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1988	3a. Date of Last Report 05/01/1994
21. State of Incorp.	26. State of Incorp.			4. FEI Number 65-0064012	Applied for Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for subsequent fees under § 160.019 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			
NORTHCUTT, PATRICIA P. 1937 MOORING DR S.W. PALM CITY FL 34990				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(3), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS		1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHCUTT, PATRICIA P.		2. NAME		
STREET ADDRESS	1937 MOORING DR S.W.		3. STREET ADDRESS		
CITY, ST, ZIP	PALM CITY FL		4. CITY, ST, ZIP		
TITLE	DVT		21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHCUTT, JAMES W		22. NAME		
STREET ADDRESS	1937 MOORING DR S.W.		23. STREET ADDRESS		
CITY, ST, ZIP	PALM CITY FL		24. CITY, ST, ZIP		
TITLE			31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY, ST, ZIP			34. CITY, ST, ZIP		
TITLE			41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY, ST, ZIP			44. CITY, ST, ZIP		
TITLE			51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY, ST, ZIP			54. CITY, ST, ZIP		
TITLE			61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY, ST, ZIP			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 139.02(6)(b), 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 on Block C of this report, if changed, on an attachment with my address.

SIGNATURE: *Patricia P. Northcutt*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
PATRICIA P. NORTHCUTT

4/25/95 407-283-8204