

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **K29379** (0)
 1. Corporation Name

FLAGLER AVENUE GIFTS & TREASURES, INC.



Principal Place of Business: **37 FLAGLER AVENUE STUART FL 34994**
 Mailing Address: **37 FLAGLER AVENUE STUART FL 34994**

3. Date Incorporated or Qualified: **07/14/1988**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0064012**
 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: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTHCUTT, PATRICIA P.
 1837 MOORING DR S.W.
 PALM CITY FL 34990**

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. 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 obligation of Section 607.0504, Florida Statutes.

SIGNATURE: *Patricia P. Northcutt* 6/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | NORTHCUTT, PATRICIA P. | |
| STREET ADDRESS | 1837 MOORING DR S.W. | |
| CITY-ST-ZIP | PALM CITY FL | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | NORTHCUTT, JAMES W | |
| STREET ADDRESS | 1837 MOORING DR S.W. | |
| CITY-ST-ZIP | PALM CITY FL | |
| TITLE | Vice President | <input type="checkbox"/> DELETE |
| NAME | Northcutt, Suzanne J | |
| STREET ADDRESS | 4668 SE Terri Place | |
| CITY-ST-ZIP | Stuart, FL 34994 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-------------------|----------------------|--|
| 11 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | SUZANNE J. NORTHCUTT | |
| 13 STREET ADDRESS | 4668 SE Terri Place | |
| 14 CITY-ST-ZIP | Stuart, FL 34997 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

THE FIRST NOTICE sent to us.

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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia P. Northcutt* 6/8/96 407-283-8204

CR2E034 (3/96)