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 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06696 (3)

1. Corporation Name
DEVINE'S GIFTS, INC.

Principal Place of Business	Mailing Address
2603 A N. OCEAN BLVD. RIVIERA BEACH FL 33404	2603 A N. OCEAN BLVD. RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1989
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 3694 23RD AVE S.	26 3694 23RD AVE S.
Suite, Apt. #, etc. 22 #4	Suite, Apt. #, etc. 27 #4
City & State 23 LAKE WORTH, FL	City & State 28 LAKE WORTH, FL
Zip / County 24 33461 / 25 P.BEACH	Zip / County 29 33461 / 30 P.BEACH.

4. FEI Number: 65-0142286 ☐ 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

DEVINE, JAMES R., JR
2603A NORTH OCEAN DRIVE
RIVERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name: DEVINE, JAMES R., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 3694 23RD AVE S #4
83
84 City: LAKE WORTH, FL 85 Zip Code: 33461

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] JAMES R. DEVINE JR 3/29/95
(Type or print 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	C	11 TITLE	☑ Change ☐ Addition
NAME	DEVINE, JAMES R	12 NAME	
STREET ADDRESS	~~7004 BLVD EAST 14M~~ 3937 MISSION HILLS	13 STREET ADDRESS	
CITY ST ZIP	~~GUTTENBERG NJ~~ NORTHBROOK, IL 60067	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DEVINE, JR., JAMES R.	22 NAME	
STREET ADDRESS	5690 DEWBERRY WAY	23 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	24 CITY ST ZIP	
TITLE	~~VP~~	31 TITLE	☑ Change ☐ Addition
NAME	~~DEVINE, JOHN.~~ DELETE.	32 NAME	
STREET ADDRESS	~~700 BLVD EAST 14M~~	33 STREET ADDRESS	
CITY ST ZIP	~~GUTTENBERG NJ~~	34 CITY ST ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	DEVINE, JUANITA J	42 NAME	
STREET ADDRESS	~~7004 BLVD EAST 14M~~ 3937 MISSION HILLS	43 STREET ADDRESS	
CITY ST ZIP	~~GUTTENBERG NJ~~ NORTH BROOK, IL 60067	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DEVINE, LORA J	52 NAME	
STREET ADDRESS	5690 DEWBERRY WAY	53 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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.

SIGNATURE: [signature] 3/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 407 582 4455

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