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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06696

(3)

DEVINE'S GIFTS, INC.

Principal Place of Business

Mailing Address

FILED May 16 1997 8:00am Secretary of State



3907 N. FAIRWAY DRIVE JUPITER FL 33477		3907 N. FAIRWAY JUPITER FL 3347						
					3. Date Incorporated or Qualified 08/04/1989	3a. Date of Last F 08/23/1996	Report	
	ace of Business	28. Mailing Addr	ess		4. FEI Number		oplied For	
21		26			65-0142286	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #,	etc.		5. Certificate of Status Desired	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution			
Zip	Country	Zip	Zip Oountry		8. This corporation has liability for i	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
	ine, James R., Jr			81 Name				
	7 N. FAIRWAY DRIVE		82		Street Address (P.O. Box Number is Not Acceptable)			
JUPI	TER FL 33477							
			1					
				84 City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 ag-	ent and title if soul-cable	(NO) E Register	ed Agent signature	required when reinstating)	DATE		
12.		D DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	C	☐ DE	LETE 1.1	THILE		☐ Change	Addition	
NAME	DEVINE, JAMES R		1.2	NAME			()	
STREET ADDRESS	3937 MISSION HILLS		1.3	STREET ADDRESS			}	
CITY-ST-ZIP	NORTH BROOK IL			CITY - ST - ZIP				
TITLE	Р	☐ DE	LETE 2.1	TITLE		☐ Change	Addition C	
NAME	DEVINE, JR., JAMES R.		2.2	NAME.				
STREET ADDRESS	3907 N. FAIRWAY DRIVE		2.3	STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477			CITY-S1-ZIP				
TITLE	D D MANUEL ALLANDEA I	☐ DE		TITLE		: L Change	Addition	
NAME	DEVINE, JUANITA J		1	NAME				
STREET ADDRESS	3937 MISSION HILLS NORTH BROOK KI			STREET ADDRESS				
CITY-ST-ZIP TITLE	D D	DE		CHY-ST-ZIP TITLE		Change	Addition	
NAME	DEVINE, LORA J	ال ليا		NAME		டு வெழி	Adoltron	
STREET ADDRESS	3907 N. FAIRWAY DRIVE			STREET ADDRESS				
	JUPITER FL 33477							
CITY-ST-ZIP TITLE	OUTTER TE OSTAT	□ DE		CITY-ST-ZIP TITLE		Change	Addition	
NAME				NAME				
STREET ADDRESS			1 7 7	STREET ADDRESS		•	ì	
CITY-ST-ZIP			1 1	STREET ADURESS CITY-ST-7IP			}	
TITLE		□ DE		TITLE		Change	Addition	
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP			ļ	
## 1 de la caract				O O. E.	440 07/0/20 01-1-1-01-1-1	17 3 37 37		

I do 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 on on an attachment without address.