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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

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02-01-1999 90009 009 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L20508

1. Corporation Name

SOMETHING EXTRA GIFTS & ACCESSORIES, INC.

Principal Place of Business Mailing Address					1 (001(0)) 0(0) (16)) 60(0) 41)) (ATRI IMIL AIMIL ATALI DIRIL I	II.OH BEDEL DIQUE IDBI
HAGEN & HAGEN HAGEN							•
3990 SHERIDAN ST #104 3990 SHERIDAN ST #104							
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						TE IN THIS SPACE	
ปร	•	US			3. Date Incorporated or Qualifed		
					10/02/1989		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
[21]		26 .			65-0247866	,	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	□ \$8.7	5 Additional	
22 27				3. Certificate of Status Desired	Fe	e Required	
City & State City & State				6. Election Campaign Financing	□ \$5.	00 May Be	
23		28		_	Trust Fund Contribution	Add	led to Fees
Zip	_ '		Country		8. This corporation owes the curr	rent year Intangible	
24 25 29		29	30		Personal Property Tax.	☐ Yes	Ø No
	9. Name and Address of Curren		· .		10. Name and Address of New I	Registered Agent	
.,,,	OFN O HAOFN	!	81	Name			
HAGEN & HAGEN 3990 SHERIDAN ST #104			82 Street Addr		ddress (P.O. Box Number is Not Accepta	ahle)	
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HO	LLYW00D FL 33021		83		हारीक्ष के देवी हैं हैं। जुने के किस्ता स्थान है है है जो की किस्ता है	为"F" \$50.186.366	Till Marie
	•						
			84	City		FI 85	Zip Code ***
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	es, the above	e-named co	orporation submits this statement for the	purpose of changing	its registered
office or i	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was at	uthorized by:	the corpor	ation's board of directors. I hereby accep	ot the appointment a	s registered
	am tamiliar wiln, and accept the opilgal						
113	· · · · · · · · · · · · · · · · · · ·	10113 01, 00011011 001 .0000, 1 101	ilua Statules.		· :**		
SIGNATURE	•				uired when rejostating)	DATE	
113	Signature, typed or printed name of registered agen		Registered Agen		uired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:			ADDITIONS/CHANGES TO OF		
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14. I 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 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 13 if changed, or on an attachment with an address, with all given like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP