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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000005121 (8)

1. Corporation Name

L & R'S GIFT DISCOUNTS INC.

Principal Place of Business

1000 S MILITARY TRAIL  
WEST PALM BEACH FL 33415

Mailing Address

PO BOX 20275  
WEST PALM BEACH FL 33416-0275  
US



3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0368924

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SELLITI, THOMAS  
2169 E CARROL CIRCLE  
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

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. 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SELLITI, THOMAS  
STREET ADDRESS 2169 E CARROL CIR  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE T  
NAME SELLITI, THOMAS  
STREET ADDRESS 2169 E. CARROL CIR.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. NAME  
1.2. NAME  
1.3. STREET ADDRESS  
1.4. CITY-ST-ZIP

2.1. NAME  
2.2. NAME  
2.3. STREET ADDRESS  
2.4. CITY-ST-ZIP

3.1. NAME  
3.2. NAME  
3.3. STREET ADDRESS  
3.4. CITY-ST-ZIP

4.1. NAME  
4.2. NAME  
4.3. STREET ADDRESS  
4.4. CITY-ST-ZIP

5.1. NAME  
5.2. NAME  
5.3. STREET ADDRESS  
5.4. CITY-ST-ZIP

6.1. NAME  
6.2. NAME  
6.3. STREET ADDRESS  
6.4. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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:

*Thomas Selliti*

4/28/97

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CR2E034 (9/96)