

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004199 (4)**

1. Corporation Name

FLORIDA SOUVENIRS, INC.

Principal Place of Business

2095 PREMIER ROW  
ORLANDO FL 32809

Mailing Address

2095 PREMIER ROW  
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1993

3a. Date of Last Report

01/28/1994

4. FEI Number

59-3160266

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 4280 L.B. McLeod Rd.

2a. Mailing Address

26 4280 L.B. McLeod Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32811

Country

25 U.S.A.

Zip

29 32811

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SUKHADWALA, PHIROZ F  
6464 INTERNATIONAL DR  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4280 L.B. McLeod Rd

83

84 City

Orlando

FL

85 Zip Code

32811

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PVTS                  |
| NAME            | SUKHADWALA, PHIROZ F. |
| STREET ADDRESS  | 7537 POINTVIEW CIRCLE |
| CITY - ST - ZIP | ORLANDO 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 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 4280 L.B. McLeod Rd                                                          |
| 1.4 CITY - ST - ZIP | Orlando, FL 32811                                                            |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 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)(b), Florida Statutes. I further certify that the information included in 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 (changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Phiroz F. Sukhadwala

(407) 423-0150