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May 06 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 # **P93000051873**

1. Corporation Name

FLORIDAIAAN GIFT'S, INC.

Principal Place of Business

Mailing Address

2507 OLD VINELAND RD.
KISSIMMEE, FL. 34746

2507 OLD VINELAND RD.
KISSIMMEE, FL. 34746

3. Date Incorporated or Qualified
JULY 22, 1993

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3195836

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

10. Name and Address of New Registered Agent

A
MEHBOOB DABHOIWALA
2507 OLD VINELAND RD.
KISSIMMEE, FL. 34746

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE

NAME
MEHBOOB DABHOIWALA
2507 OLD VINELAND RD.
KISSIMMEE, FL. 34746

12.2 STREET ADDRESS

12.3 CITY - ST - ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY - ST - ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY - ST - ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY - ST - ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY - ST - ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY - ST - ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY - ST - ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY - ST - ZIP

☐ Change ☐ Addition

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14. 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 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: *M. A. Dabhiwala* MEHBOOB DABHOIWALA 4-15-97 (407)397-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)