

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

FILED

97 JUN 20 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000018037 (9)

1. Corporation Name  
GIFTS ETC., INC.



Principal Place of Business  
8001 S. ORANGE BLOSSOM TRL #192  
ORLANDO FL 32809

Mailing Address  
7332 S. INTERNATIONAL DR  
2ND FLOOR  
ORLANDO FL 32819-8232  
US

3. Date Incorporated or Qualified 03/03/1994	3a. Date of Last Report 07/12/1996
4. FEI Number 59-3229928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent  
HABAYB, OSAMA  
4586-G MIDDLE BROOK  
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name Mohammad Ashour
82 Street Address (P.O. Box Number is Not Acceptable)
83 8001 S. Orange Blossom Trail #192
84 City Orlando
85 Zip Code FL 32809

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: M. Ashour MOHAMMAD ASHOUR, President 6/16/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	ASHOUR, MOHAMMAD A
STREET ADDRESS	8424 SANDLAKE SHORES CT.
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	AKILEH, AIMAN R
STREET ADDRESS	10197 BRANDON CRCL
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	T <input type="checkbox"/> DELETE
NAME	ASHOUR, MOHAMMAD
STREET ADDRESS	8424 SAND LAKE SHORES CIR
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mohammad Ashour
1.3 STREET ADDRESS	8424 Sand Lake Shores Circle
1.4 CITY-ST-ZIP	Orlando, FL 32836
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	
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 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. Ashour

6/16/97

(11)

CR2E034 (9/96)