

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000031613 (0)

1. Corporation Name

SUMMERS' GALLERY & GIFTS, INC.



Principal Place of Business

~~912 E NORVELL BRYANT HWY~~
~~HERNANDO FL 34442~~

Mailing Address

912 E NORVELL BRYANT HWY
HERNANDO FL 34442

2. Principal Place of Business

21 6050 N. KILLEEN TER.

Suite, Apt. #, etc.

22 City & State

23 BEVERLY HILLS, FL

24 Zip

34465

25 Country

USA

2a. Mailing Address

26 6050 N. KILLEEN TER.

Suite, Apt. #, etc.

27 City & State

28 BEVERLY HILLS FL

29 Zip

34465

30 Country

USA

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

59-3241789

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

SIMPSON, RAYMOND A
912 E NORVELL BRYANT HWY
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

SIMPSON, RAYMOND A.

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

6050 N. KILLEEN TERRACE

83

84 City

BEVERLY HILLS

FL

85 Zip Code

34465

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

Raymond A. Simpson

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

5-19-96

DATE

12. OFFICERS AND DIRECTORS

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

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(k), 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

Raymond A. Simpson

DST

5-19-96

352-527-0871

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)