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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400038836 (0)

ROYAL GIFTS AND FLORALS, INC.

Principal Place of Business Mailing Address 190 SE 1ST AVE #28 190 SE 1ST AVE #28 ROYAL PALM PLAZA ROYAL PALM PLAZA BOCA RATON FL 33432-4901 **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0503023 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Zip Country Z_{ij} This corporation has liability for intangible tax under s. 199.032, X Yes No 29 Florida Statutes 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TALWAR, SUDHA 190 SE 1ST AVE 28 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM PLAZA** 83 **BOCA RATON FL 33432** 84 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, type tion printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change PD DELETE Addition TITLE 1.1 TITLE KAPUR, PRABHAT NAME 1.2 NAME CR2E034 190 SE 1ST AVE #28 STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33432 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition VD. 2.1 TITLE TITLE KAPUR, ANITA NAME 2.2 NAME 190 SE 1ST AVE #28 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33432** 2 4 CITY-ST-ZIP 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 arrural 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.

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Secretary of State

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