

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90005 010 ***150.00

DOCUMENT # P94000038836

1. Corporation Name
ROYAL GIFTS AND FLORALS, INC.



Principal Place of Business

190 SE 1ST AVE #28
ROYAL PALM PLAZA
BOCA RATON FL 33432

Mailing Address

190 SE 1ST AVE #28
ROYAL PALM PLAZA
BOCA RATON FL 33432

8410 Coral Lake Way
Coral Spring FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8410 Coral Lake Way
Suite, Apt. #, etc.

22 Coral Spring FL
City & State

23 U.S.A.
Country

24 33065
Zip

2a. Mailing Address

26 8410 Coral Lake Way
Suite, Apt. #, etc.

27 Coral Spring
City & State

28 FL
Country

29 33065
Zip

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

65-0503023

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

TALWAR, SUDHA
190 SE 1ST AVE 28
ROYAL PALM PLAZA
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Anita Kapur
82 Street Address (P.O. Box Number is Not Acceptable)
83 8410 Coral Lake Way Bld 12
84 Coral Spring FL
85 Zip Code 33065

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 Shital Talwar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KAPUR, PRABHAT
STREET ADDRESS 190 SE 1ST AVE #28
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD
NAME KAPUR, ANITA
STREET ADDRESS 190 SE 1ST AVE #28
CITY-ST-ZIP BOCA RATON FL 33432

TITLE STD
NAME TALWAR, SHITAL S
STREET ADDRESS 190 SE 1ST AVE #28
CITY-ST-ZIP BOCA RATON FL 33432

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20. 99 954-255-5528

Date

Daytime Phone #

CR2E034 (1/198)

0370843