

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000044758 (8)

95 MAY -1 PM 2:17

1. Corporation Name

GIFT AMERICA INC.

Principal Place of Business

**22675 SW 53 AVE
BOCA RATON FL 33433**

Mailings Address

**22675 SW 53 AVE
BOCA RATON FL 33433**

DATE OF REPORT: 06/10/1994

3. Filing Date

06/10/1994

3a. Filing Date Required

4. Filing Fee

65-0509513

Applied For

Fee Applicable

5. Certificate of Status Demand

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. The Corporation has not had any change in its officers or directors since the last report.

Yes ☐ No ☒

21. **11866 SW 13TH ST**

26. **11866 SW 13TH STREET**

22. **# 121**

27. **# 121**

23. **P PINES FLORIDA**

28. **P PINES FLORIDA**

24. **33025 USA**

29. **33025 USA**

9. Name and Address of Current Registered Agent

**MEIJAARD, CORNELIS A
11866 SW 13TH ST.
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box, or Mailing Address

83.

84. City

FL

85. State

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation as required by law, and that the same has been filed with the Secretary of State.

SIGNATURE

Cornelis Meijaard
Cornelis Meijaard

PRESIDENT

04/28/95

12. SECRETARY
**MORAINA MERLADE MEIJAARD
11866 SW 13TH ST
P PINES FLORIDA 33025**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. Name	2. Address	3. City	4. State
5. Name	6. Address	7. City	8. State
9. Name	10. Address	11. City	12. State
13. Name	14. Address	15. City	16. State
17. Name	18. Address	19. City	20. State
21. Name	22. Address	23. City	24. State
25. Name	26. Address	27. City	28. State
29. Name	30. Address	31. City	32. State
33. Name	34. Address	35. City	36. State
37. Name	38. Address	39. City	40. State
41. Name	42. Address	43. City	44. State
45. Name	46. Address	47. City	48. State
49. Name	50. Address	51. City	52. State
53. Name	54. Address	55. City	56. State
57. Name	58. Address	59. City	60. State
61. Name	62. Address	63. City	64. State
65. Name	66. Address	67. City	68. State
69. Name	70. Address	71. City	72. State
73. Name	74. Address	75. City	76. State
77. Name	78. Address	79. City	80. State
81. Name	82. Address	83. City	84. State
85. Name	86. Address	87. City	88. State
89. Name	90. Address	91. City	92. State
93. Name	94. Address	95. City	96. State
97. Name	98. Address	99. City	100. State

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct, and that the same has been filed with the Secretary of State.

SIGNATURE:

Moraina Merlade Meijaard
Moraina Merlade Meijaard

**04/28/95
(305) 430-8568**