

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 # P94000085911 (3)

1. Corporation Name
PALMS GIFTS INC.



Principal Place of Business

% HOLIDAY INN
11908 GULF BLVD.
TREASURE ISLAND FL 33706

Mailing Address

% HOLIDAY INN
11908 GULF BLVD.
TREASURE ISLAND FL 33706

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0540803

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 (typed or printed name of registered agent and title, if applicable)

(If 11b, Registered Agent Signature, required, write, if registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPY MCKAY, DOUGLAS
17002 DOLPHIN DR.
NORTH REDINGTON BEACH FL 33708

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS MCKAY, DOROTHY
17002 DOLPHIN DR.
NORTH REDINGTON BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV DE LEAU, TOETIE
10424 GATLING ST.
SPRING HILL FL

DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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30 TITLE NAME STREET ADDRESS 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, on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS R MCKAY PRESIDENT

4-15-96

813-367-2761

CR2E034 (12/95)