

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 33706-5122
--	---

3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0540803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

MCKOY, DOUGLAS R.
17002 DOLPHIN DR.
N. REDINGTON BCH FL 33708

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	17002 DOLPHIN DR.	1.2 NAME	
STREET ADDRESS	NORTH REDINGTON BEACH FL 33708	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	MCKAY, DOROTHY	2.2 NAME	
STREET ADDRESS	17002 DOLPHIN DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH REDINGTON BEACH FL	2.4 CITY- ST- ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	DE LEAU, TOETIE	3.2 NAME	
STREET ADDRESS	10424 GATLING ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	SPRING HILL FL	3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 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 and in Block 14 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS MCKOY PRESIDENT

4-9-97

813-367-2761

Date

Daytime Phone #

0374645

CR2E034 (9/96)