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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000008905 (8) 1. Corporation Name

OZ LIFESTYLE GIFTS, INC.

Principal Place 11142 NO. 30Th TAMPA FL 3361	STREET	ailing Address  42 NO. 30TH STREET MPA FL 33612-6440									
								Date Incorporated or Qualified     01/30/1995		ate of Last Re 01/1996	eport
2. Principal Place of Business			2a. Mailing Address				************	4. FEI Number		Ap	plied For
21 Company And Hards			Suite, Apt. #, etc.				<del></del>	59-3289533			t Applicable
Suite, Apt. # ofc.			<b>1</b>					5. Certificate of Status Desired		\$8.75 A	
City & Stale			City & State					6. Election Campaign Financing		\$5.00	····
23			8				Trust Fund Contribution		Added t		
Zip	Country	<del></del> -1	Zip Gountry					8. This corporation has liability for			199.032,
24	[25]		29		30			Florida Statutes  10. Name and Address of New F		∐ No	
	9. Name and Address of Curr	ent Hegist	ered Agent		81	Name		10. Name and Address of New F	ragistereo	Аделі	
COSSETT, RENEE 11142 NO. 30TH STREET								·			
TAMPA FL 33612-6440						Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
THIN FOR E GOOD STATE					83			,	·		·
					84	City				85 Zip (	Code
44 75	60. 1 603.6	rno 100	7 1500 Florido Otat						FL	<b></b>	A 22-1-1-1-1
office or r	to the provisions of Sections burit egistered agent, or both, in the St	isuz and 60 ate of Florid	a. Such change was	tes, the a authorize	ibove id by	the cor	poratio	ration submits this statement for the n's board of directors. I hereby acc	ept the ap	pointment as	registered
agent. La	m familiar with, and accept the ob	ligations of,	Section 607.0505, FI	orida Sta	tutes	<b>)</b> .					
SIGNATURE	Signatine Typed or printed name of registered	agent and tille if	applicable. (NO)	E Repistere	d Ape	nt sionature	e required	when reinstating)	DATE		
12. OFFICERS AND								ADDITIONS/CHANGES TO OFF		D DIRECTOR	S IN 12
TILLE	D		☐ DELETE	ETE 1.1 1(T			DP1	6		Change	Addition
NAME	COSSETTE, RENEE				1.2 NAME						
STREET ADDRESS	11142 NO. 30TH STREET			1.3 \$	1.3 STREET ADDRESS		1				
CITY - ST - ZIP	TAMPA FL 33612-6440		Ariere		1.4 CITY - ST - ZIP						
71TLE	DANIEL DANA		DELETE	2.1 TITLE			24	5		Change	Addition
NAME OFFICE ADDRESS	DANIEL, DANA 11142 NO. 30TH STREET				2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33612-6440				2.4 CITY-ST-ZIP						
TILE	774417616 00016 0110		DELETE	3.1 T	•	01-21F	<del> </del>	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				32 N	32 NAME		1			•	
STREET ADDRESS	ss		3		TREET	ADDRESS					
CITY - S1 - ZEP				34.0	CITY - S	ST-ZIP					
THEF			DELETÉ	4.1 T	ITLE					Change	Addition
NAME			4.21	4. 2 NAME		1					
STREET ADDRESS			4.3 S	4.3 STREET ADDRESS							
CITY-ST-7IP				4.4 CITY - ST - ZIP		<u> </u>					
THILF	DELETE			5.1 TITLE					Change	Addition	
NAME				5.2 N							ļ
STREET ADDRESS						ADDRESS	-				ļ
City St - 20P			T SELETE	_	ITY-S	T-ZIP	<b></b>	· · · · · · · · · · · · · · · · · · ·		770	1,335,53
TillE			DELETE	6.1 T			1			Change	Addition
NAME				6.2 N			1				
STREET ADORESS				6.3 S	TAEET	ADDRESS					ļ

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