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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000019973 (3)

L & K GIFTS, INC.

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



Trincipal trace of business					Maining Mooress				l					
S316 CENTRAL FLORIDA PKWY ORLANDO FL 32821				5316 CENTRAL FLORIDA PKWY ORLANDO FL 32821										
										DO NOT WE	RITE IN THIS S	PACE		
										3. Date Incorporated or Qualified				
<u>.</u>										03/09/1995				
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			Applied For	
21	Timopa Tidos of Essimos			26					59-3311163			Not Applicable		
211	Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8.7	5 Additional	
22				27						5. Certificate of Status Desired		Fee	Required	
23	City & State	& State			City & State				•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
	Zip	Country Z _I p Cour						e, The solphaten was a late and sale an						
24										Personal Property Tax due J		Yes	□ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent														
MANION, KIMBERLY								Name	ê .					
5316 CENTRAL FLORIDA PKWY							82	82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32821									. <u></u>					
												 		
ĺ							84	City			FL	85 2	Zip Code	
11	Pursuant to the pro	visions of Section	ns 607.0502	and 607	.1508. Florida St	atutes, ti	ne abov	Le-name	d corporat	tion submits this statement for t		changir	g its registered	
•••	office or registered	agent, or both,	in the State of	Florida	Such change w	as autho	rized by	the co	orporation's	tion submits this statement for t s board of directors. I hereby a	ccept the appo	ointment	as registered	
	agent. I am familiar	with, and acce	pt the obligati	ons ot, a	50ction 607.0505	o, Fiorida	Statule	S.						
SI	GNATURE	ned or printed name of	a	and ld o if r	and cable	/NOTE: Boo	ictored Ac	onl canali	ira required into	nen reinstating)	DATE			
12			FICERS AND			(NOTE: Neg	13.	orii signatu	ne required #-1	ADDITIONS/CHANGES TO O		DIRECT	OBS IN 12	
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NAI	1	H, LINDA					1.2 NAME						• -	
		AMARYLLIS D	b				1.3 STREET	ANDRESS	,					
·		FOOT BAY F							'					
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NAI		ion, Kimberl					2.2 NAME			a Donnelly Circle	•			
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		NDO FL 328	<u> </u>		Delete		2. 4 CITY-	ST-ZIP	uria	11110, FL 52821		Chan	ge Addition	
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NA	ME						3.2 NAME							
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CIT	Y-ST-ZIP						3.4 CITY-	ST-ZIP				П.	F*1	
Titl	.E				☐ DELETE	1	4.1 TITLE					☐ Chan	ge Addition	
NAI	ME					1	4. 2 NAME							
STE	LEET ADDRESS						4.3 STREET	f address	5					
CIT	Y-ST-ZIP						4.4 CITY - S	ST-ZIP						
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NA						1	6.2 NAME							
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						1	6.4 CITY-5							
GII	Y-ST-ZiP	All a traffic and a state of	a constitution	ALL CIL		(id. , day the			down Coo	stion 119 07/3Vi) Florida Statute	on I further on	diffe that	the information	

indicated on this annual report or supplied with this ining does not quality for the exemption stated in Section 119.07(3)(). Florida statutes. Hentile certify that the information indicated on this annual report or suppliemental 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.

DE Limberty Marin