FILE NOW: FILING ..

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P95000024498 1. Corporation Name

OCEAN GIFTS, INC.

Principal Place of Business 35 HYPOLITA STREET ST. AUGUSTINE FL 32084

Mailing Address

35 HYPOLITA STREET ST. AUGUSTINE FL 32084

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90083 043 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

3. Date incorporated or Qualifed

04/06/1995

4. FEI Number 59-3324424

	idress	59-3324424 \$8.75 Additional	
2a. Mailing A	AIA BEACH BLYd	Pee Required Li	
rincipal Place of Business 2001 AIA BEACH BLVd 26 4001 Suite, Ap	* # etc.	5. Certificate of Status 55.00 May Be	
4001 ALA BEACH Suite, AL	L #, 000	Floation Campaign Financing Added to Fees	
ant # etc.		Trust Fund Contribution	
City & S	iate Boach E	Trust Fund Contribution 8. This corporation owes the current year Intangible Yes No	
City & State Bank Fl. 28 St A	LIGUST 1 DE Country	8. This corporation Tax. Personal Property Tax. A New Registered Agent	
City a BOACh FA Tin	,i	Personal Property	
St Augustine Country	084 [30]	Personal Property Tax. 10. Name and Address of New Registered Agent	
Zip 29 30			
Zip 3 2084 25 25 29 9. Name and Address of Current Registered A	61) (18.77	dress (P.O. Box Number is Not Acceptable)	
9. Name am	82 Street Ad	dress (P.O. BEACH BLYO	
		1 11	
AVITAL, DANIEL		83 Zip Code	
25 HADOTIVE SIVERI		FL 370 84	
ST. AUGUSTINE FL 32004	84 City	above-named corporation submits this statement for the purpose of changing its registered each by the corporation's board of directors. I hereby accept the appointment as registered leatures. DATE area Agent signature required when reinstating and properties and DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Qt. riv	1_1_ST	progration submits this statement to the appointment as together appointment a	
	Statutes, the above-named Corpo	ration's board of directors. Theres	
 Pursuant to the provisions of Sections 607.0502 and 607.15 office or registered agent, or both, in the State of Florida. Su agent. I am familiar with, and accept the obligations of, Sectional Computers of Section 12 and Section 13 applies if applies 	ch change was authorized by the		
At Pursuant to the provisions of Section the State of Florida. Sect	on 607.0505, Florida States	equired when reinstatung) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Ad	
office or registered agent, and accept the obligations	on boy	equired when reinstating	
agent. I am rammus the if applied	sble. (NOTE: Registered 79	ADDITIONS/CHARTS	
	RS 13.		
SIGNATURE Signature, typed or printed name of registered agent with Signature.	1 1 0	a Lab BLVd	
12.	12 NAME	4001 AIA BEACH BLVd BEACH FL 32084	
DT()	1.3 STREET ADDRESS	Ct Augustine Beach, Michange Dadd	
AVATAL LIGINIFE	1.4 CITY-ST-ZIP	St Augusting	
Les LIVEALLIA SINGE!			
CT AUGUSTINE PL 32001	DELETE 2.1 TITLE	Back Blvd	
	2.2 NAME	4001 AIA BEACH BLYD 32084	
1 VSB	2.3 STREET ADDRES	Store BEACHT Change DAG	
NAME AVITAL, SHULA	2 4 City-ST-ZIP	St Augustine Beach, Fl 32084	
CT AUGUSTINE PE SECOT	DELETE 3.1 TITLE		
CITION	3.2 NAME	ESS Change DA	
TITLE	3.3 STREET ADDRE	ESS Change	
NAME	3.4. CITY-ST-ZIP		
STREET ADDRESS	DELETE 4.1 TITLE		
CITY-ST-ZIP	4.2 NAME	\	
	4.3 STREET ADD	RESS Change	
πιε			
NAME \	4.4 CITY-ST-ZIP		
STREET ADDRESS	DELETE 5.1 TITLE		
CITY-ST-ZIP	5.2 NAME		
TIME	5.9 STREET AD	ORESS Change	
1 1	5.4 CITY-ST-Z		
NAME	04 TID 5		
STREET ADDRESS	(({}ELE G U		
CITY-ST-2/P	■ A 2 NAME		
	6.3 STREET A	DDRESS	
PLANE	8.4 CITY-ST-	ZIP 140 07(3)(i). Florida Statutes. I turtner certify that I at	
NAME	the exemption	on stated in Section 118.07 (same legal effect as it made that my name appear	
STREET ADDRESS	s filing does not qualify for the exempter	DORESS ZP	
CITY-ST-ZIP	ual report is true and accurate this re	POOL 82 Ledning	
	The Ambuve of The Abor like Ar	יי מיגע אוני בייסיונון אייסיונון מייסיונון אייסיונון איי	
14. I hereby continue annual report of supplied receiver	or trustee andress, with all office like of	na	