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

FILED
97 JAN -6 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000034121 (0)

1. Corporation Name
GIFTFULLY YOURS, INC.

REINSTATEMENT 96.00

Principal Place of Business	Mailing Address
2445 N. ECONLOCKHATCHEE TRAIL ORLANDO FL 32817	2445 N. ECONLOCKHATCHEE TRAIL ORLANDO FL 32817

3. Date Incorporated or Qualified: 05/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2438 "B" East Robinson St.
Suite, Apt. #, etc. 22
City & State 23 Orlando FL
Zip 24 32803 Country 25 USA

2a. Mailing Address
26 2438 "B" East Robinson St.
Suite, Apt. #, etc. 27
City & State 28 Orlando FL
Zip 29 32803 Country 30 USA

4. FEI Number 59-3147078 ☐ 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

9. Name and Address of Current Registered Agent

GARCIA, MARIO A ESQ.
225 E. ROBINSON STREET
SUITE 540
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name TAMERA DALLich
82 Street Address (P.O. Box Number is Not Acceptable) 2445 N. EconLockhatchee Trail
83
84 City Orlando FL 85 Zip Code 32817

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] TAMERA DALLich 11/8/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DALLICH, TAMERA		1.2 NAME	DALLich, Tamera	
STREET ADDRESS	2445 N. ECONLOCKHATCHEE TRAIL		1.3 STREET ADDRESS	2445 N. EconLockhatchee Trail	
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	D	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	DALLICH, DONALD		2.2 NAME	DONALD DALLich, [redacted]	
STREET ADDRESS	2445 N. ECONLOCKHATCHEE TRAIL		2.3 STREET ADDRESS	2445 N. EconLockhatchee Trail	
CITY-ST-ZIP	ORLANDO FL 32817		2.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE		☐ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME			3.2 NAME	Tibbs, Cheri	
STREET ADDRESS			3.3 STREET ADDRESS	9527 Darien Ave.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	300002052953--0	
STREET ADDRESS			4.3 STREET ADDRESS	-01/09/97--01091--008	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****375.00 ****375.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] TAMERA DALLich Pres 11/8/96 407/895-9330