

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052276 (9)

1. Corporation Name

A & A GIFT SHOP, INC.



Principal Place of Business

1080 JASON RIDGE CT
KISSIMMEE FL 34747

Mailing Address

1080 JASON RIDGE CT
KISSIMMEE FL 34747

2. Principal Place of Business

2a. Mailing Address

21. SAME

26. SAME

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

ABUSALEM, ABDEL
1080 JASON RIDGE CT
KISSIMMEE FL 34747

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

4. FET Number

54-3724416

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Corporation or Registered Agent (if applicable)

Signature of Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

12.1. TITLE

D
ABUSALEM, ABDEL
1080 JASON RIDGE CT
KISSIMMEE FL 34747

DELETE

12.2. TITLE

NAME

12.3. STREET ADDRESS

12.4. CITY-STATE-ZIP

12.5. TITLE

NAME

12.6. STREET ADDRESS

12.7. CITY-STATE-ZIP

12.8. TITLE

NAME

12.9. STREET ADDRESS

12.10. CITY-STATE-ZIP

12.11. TITLE

NAME

12.12. STREET ADDRESS

12.13. CITY-STATE-ZIP

12.14. TITLE

NAME

12.15. STREET ADDRESS

12.16. CITY-STATE-ZIP

12.17. TITLE

NAME

12.18. STREET ADDRESS

12.19. CITY-STATE-ZIP

12.20. TITLE

NAME

12.21. STREET ADDRESS

12.22. CITY-STATE-ZIP

12.23. TITLE

NAME

12.24. STREET ADDRESS

12.25. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1. TITLE

13.2. NAME

13.3. STREET ADDRESS

13.4. CITY-STATE-ZIP

13.5. TITLE

13.6. NAME

13.7. STREET ADDRESS

13.8. CITY-STATE-ZIP

13.9. TITLE

13.10. NAME

13.11. STREET ADDRESS

13.12. CITY-STATE-ZIP

13.13. TITLE

13.14. NAME

13.15. STREET ADDRESS

13.16. CITY-STATE-ZIP

13.17. TITLE

13.18. NAME

13.19. STREET ADDRESS

13.20. CITY-STATE-ZIP

13.21. TITLE

13.22. NAME

13.23. STREET ADDRESS

13.24. CITY-STATE-ZIP

13.25. TITLE

13.26. NAME

13.27. STREET ADDRESS

13.28. CITY-STATE-ZIP

13.29. TITLE

13.30. NAME

13.31. STREET ADDRESS

13.32. CITY-STATE-ZIP

13.33. TITLE

13.34. NAME

13.35. STREET ADDRESS

13.36. CITY-STATE-ZIP

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)(k), 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: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

Document

CR2E034 (12/95)