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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000063886 (2)

DOCUMENT #
1. Corporation Name

GIFTS BY DESIGN, INC.



Dringland Plane	of Dunings		illing Addrose							
Principal Place of Business  3636 ADLER DRIVE SUITE H-3 W. PALM BEACH FL 33417  Mailing Address  3636 ADLER DRIVE SUITE H-3 W. PALM BEACH FL 33417										
Tr. I ACM D	PUOLITE WALL		THE SENSITE				3. Date incorporated or Qualified 08/17/1995	3a. Date	of Last F	Report
2. Principal Pla	ce of Business	2a.	2a. Mailing Address				4. FEI Number	_L		Applied For
1			26				65-0601837			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		28	Oty & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation has liability for		k under s	s 199.032,
24	25	29	tarad Agant	30	r		Florida Statutes Yes  10. Name and Address of New R	□ No	nent	
	9. Name and Address of Currer	nt Hegis	tered Agent		81	Name	10. Name and Address of New N	egistereo /	geni	
DENNIS M. SOLOMON, P.A. 706 US HIGHWAY ONE SUITE 304							ddress (P.O. Box Number is Not Acceptable)			
						Street Add	ess (F.O. Box Number's Not Acceptable)			
	M BEACH FL 33408				83				T: "T"=	
					84	City		FL	85 2	Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida, Suot tion 607.	change was authoriz 0505, Florida Statutes	zed by the o	corp	oration's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	ointment as	nging its registere	registered office ad agent. I am
	Signature, typed or printed name of registered agon OFFICERS AN			O"F Hagistere:	Ago:	it signature redu-	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12
12.	[D	(L) DICTE.C	DELETE	1.17	TITLE		700110107011111020 70 011		] Change	
NAME	BRANNEY, DEBORAH G		<u></u>	1.2 N	AME					
STREET ADDRESS	3636 ADLER DRIVE, SUITE W. PALM BEACH FL 33417			1.3 S	TREEI	ADDRESS				
CITY-ST-ZIP	W. PALM DEAUTI PL 33411					it - <b>Z</b> IP			7 Chanes	- Addition
TITLE	BRANNEY, STEPHEN		DEFELE	2 1 1				L	] Change	Addition
NAME	3636 ADLER DRIVE, SUITE	H-3		22 N		ADDRESS				
STREET ADDRESS CITY-ST-ZIP	W. PALM BEACH FL 33417					ST-ZIP				
TITLE		*** ** ********	DELETE	3 1 3		(:			Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				<b>3</b> .3 \$	TREE	T ADDRESS				
CITY-ST-ZIP						ST-ZIF			7 Chan-	Addition
TITLE			DELETE	4 1 1				L	Change	e 🔲 Addition
NAME				4.2 N		ADDRESS				
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NAME			<del></del>		MME					
STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP				5.4 (	iïy-S	ST-ZIP				
TITLE			DELETE	6. 1	IIILE			[	Change	e 🔲 Addition
NAME				6.2	IAME					
STREET ADDRESS				6.3 5	TREE	FADDRESS				
CITY-ST-ZIP		• بيارين		640	) [[Y - S	ST-ZIP	for the execution stated in Coating 445	02(2)A.\ E1-	vida Sec	huton I further
14. I do hereb	by certify that the information supplied	With this	: Tiling is voluntarily fur	rnished and	000	s not qualify	y for the exemption stated in Section 119	.u/(o)(K), r/(	arua otal	uccs. Hurther

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.