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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P95000079772

IT'S A GIFT, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90006 013 ***150.00



	ace of business	Maining Address					
304 INDIAN 1	FRACE	304 INDIAN TRACE					
WESTON FL 33326		· WESTON FL 33326	WESTON FL 33326		·		
US ·		US			DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed]	
-					10/13/1995		
n Deineinel	Place of Business	2a, Mailing Address			4. FEI Number Applied For	-	
-	Place or Busilless	— ·				15	
21		26			65-0628754 Not Applicable	18	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	ستنعنا	
22		27			5. Certificate of Status Besired Fee Required		
¿ City & St	ate ·	City & State			6. Election Campaign Financing 55.00 May Be	1	
-		28			Trust Fund Contribution Added to Fees		
23	Country	Zip	Countr			┨	
Zip	Country	_ 		у	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	1	
lir.	9. Name and Address of Curre				10. Name and Address of New Registered Agent	1	
題主	1. "你们是我会。"	A Section of the second of the	. 8	l Name			
BU	irke, Phyllis					1	
	7 INDIAN TRACE		8:	Street Add	dress (P.O. Box Number is Not Acceptable)		
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- 1			8:	3			
, AAF	ESTON FL 33326		<u> </u>			1	
à			84	1 City	FI 85 Zip Code		
77 5	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	500 and 607 4500 Flacida Statuta	a tha aba	to named sar	paration authority this statement for the purpose of changing its registered	-	
,11. Pursual	nt to the provisions of Sections 607.03 r registered agent, or both, in the State	e of Florida. Such change was au	s, me abor thorized b	the corporat	tion's board of directors. I hereby accept the appointment as registered	1	
agent. I	am familiar with, and accept the oblig	pations of, Section 607.0505, Flori	da Statute	s.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	1	
SIGNATUR		•					
SIGNATUR	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F	Registered Ag	ent signature requir	red when reinstating) () () () () () () () () () (ء ا	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 8	
TITLE	D	☐ DELETE	1.1 TITLE	1	☐ Change ☐ Addition	1 =	
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NAME	I MUNENINA. MITA		1.2 NAME	1		-	
*****	*** *********			1		13	
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CITY-ST-ZIP	*** *********			ET ADDRESS		R2E034	
CITY-ST-ZIP	800 HAMPTON COURT	☐ DELETE	1.3 STREE	ET ADDRESS	, ☐ Change ☐ Addition	CR2E034	
CITY-ST-ZIP TITLE	800 HAMPTON COURT FT. LAUDERDALE FL 33426 D	☐ DELETE	1.3 STREA 1.4 CITY- 2.1 TITLE	ET ADDRESS ST-ZIP	, Change ☐ Addition	CR2E034	
CITY-ST-ZIP TITLE NAME	858 800 HAMPTON COURT FT. LAUDERDALE FL 33426 D BURKE, PHYLLIS	☐ DELETE	1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP	, Change Addition	CR2E034	
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I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

IGNATURE: