SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000082813 (3)

1. Corporation Name

STARGAZER GIFTS, INC.

Principal Place of Business	Mailing Address
C/O SCOTT KNABLE 841 NORTH WEST 91ST TERRACE PLANTATION FL 33324	C/O SCOTT KNABLE 841 NORTH WEST 91ST TERRACE PLANTATION FL 33324

3. Date Incorporated or Qualified: 10/30/1995 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 18487 NW 23ST	26 18487 NW 23ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PINES, FL	28 City & State: PEMBROKE PINES, FL
24 Zip: 33029 25 Country: USA	29 Zip: 33029 30 Country: USA

4. FEI Number: 650615634 ☐ 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

FOLEY & LARDNER
PHILLIPS POINT EAST TOWER
777 S. FLAGLER DR., SUITE 200
WEST PALM BEACH FL 33401-6163

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 607.0502 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 _____ (NOTE: If changing Registered Agent, signature required below) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT, TREASURER	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SCOTT KNABLE		12 NAME		
STREET ADDRESS	18487 NW 23 ST		13 STREET ADDRESS		
CITY-ST-ZIP	P. PINES FL 33029		14 CITY-ST-ZIP		
TITLE	VICE PRESIDENT, SECRETARY	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RAYMOND BAILLY		22 NAME		
STREET ADDRESS	18487 NW 23 ST		23 STREET ADDRESS		
CITY-ST-ZIP	P. PINES FL 33029.		24 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SCOTT KNABLE		32 NAME		
STREET ADDRESS	18487 NW 23 ST		33 STREET ADDRESS		
CITY-ST-ZIP	P. PINES FL 33029.		34 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KNABLE		42 NAME		
STREET ADDRESS	18487 NW 23 ST		43 STREET ADDRESS		
CITY-ST-ZIP	P. PINES FL 33029.		44 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	RAYMOND BAILLY		52 NAME		
STREET ADDRESS	18487 NW 23 ST		53 STREET ADDRESS		
CITY-ST-ZIP	P. PINES FL 33029		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Bailly RAYMOND BAILLY 6/17/96 954 6775815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #