

## RE-INSTATEMENT APPLICATION

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P95000087105

1. Corporation Name

SIDELINES GIFT WRAPS, INC.

Principal Place of Business

Mailing Address

22109 US HIGHWAY 19 NORTH  
CLEARWATER, FLORIDA 34625

2. Principal Place of Business

2a. Mailing Address

21 22109 US HIGHWAY 19 N.

Suite, Apt. #, etc.

26 22109 US HIGHWAY 19 N.

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23 CLEARWATER, FLORIDA

Zip

Country

28 CLEARWATER, FLORIDA

Zip

Country

24 34625

25 USA

29 34625

30 USA

3. Date Incorporated or Qualified

3a. Date of Last Report

NOVEMBER 14, 1995

N/A

4. FEI Number

Applied For

59-3360467

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

81 Name

KENNETH G. BETTS

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

22109 US HIGHWAY 19 NORTH

83

84 City

CLEARWATER

85 Zip Code

FL

34625

THE LAW FIRM OF LAWRENCE J. SPIEGEL  
DBA AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134

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

KENNETH G. BETTS, PRES

12/30/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
KENNETH G. BETTS, PRES  
22109 US HIGHWAY 19 NORTH  
CLEARWATER, FLORIDA 34625

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
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DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
300002056233  
-01/08/97--01036--029  
\*\*\*\*275.00 \*\*\*\*275.00  
Change Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change Addition

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:

KENNETH G. BETTS

12/30/96

813-925-8058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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