

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000017849  
1. Corporation Name  
**INTERNATIONAL ADULT GIFT SHOPPES, INC.**

Principal Place of Business <b>4698 Foxview Place Lake Worth, FL 33467</b>	Mailing Address <b>4698 Foxview Place Lake Worth, FL 33467</b>
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2. Principal Place of Business <b>21 4408 N. Orange Blossom Trail</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Orlando, FL</b> Zip <b>24 32804</b>	2a. Mailing Address <b>26 4408 N. Orange Blossom Trail</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Orlando, FL</b> Zip <b>29 32804</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>2/27/96</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Amerilawyer Chartered  
343 Almeria Avenue  
Coral Gables, FL 33134**

10. Name and Address of New Registered Agent  
**81 Name John Bristow**  
**82 Street Address (P.O. Box Number is Not Acceptable) 330 N. Broadway Avenue**  
**83**  
**84 City Orlando FL**  
**85 Zip Code 32803**

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 *John Bristow* **John Bristow** **5/15/97**  
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 <b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DeFoor, Martin L.</b>	
STREET ADDRESS <b>4698 Foxview Pl.</b>	
CITY-ST-ZIP <b>Lake Worth, FL 33467</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>Novak, Arlette Miller</b>	
13 STREET ADDRESS <b>4408 N. Orange Blossom Tr.</b>	
14 CITY-ST-ZIP <b>Orlando, FL 32804-1903</b>	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME <b>100002198561</b>	
53 STREET ADDRESS <b>-06/03/97--01003--006</b>	
54 CITY-ST-ZIP <b>***58.75</b>	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME <b>000002198540</b>	
63 STREET ADDRESS <b>-06/03/97--01003--005</b>	
64 CITY-ST-ZIP <b>***500.00</b>	

14. I do 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, or on an attachment with an address.

SIGNATURE: *Arlette M. Novak* **Arlette M. Novak** **5/15/97**

CR2E034 (9/96)