

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068710 (8)**

1. Corporation Name
SUNNY GIFTS, INC.

Principal Place of Business
**215 NORTH EOLA DRIVE
ORLANDO FL 32801**

Mailing Address
**215 NORTH EOLA DRIVE
ORLANDO FL 32801-3028**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3399787		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DYMOND, WILLIAM T JR
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

81 Name **PATEL, BIPIN P**
82 Street Address (P.O. Box Number is Not Acceptable)
10816 BOCA POINTE DR
83
84 City **ORLANDO** FL 85 Zip Code **32836**

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

Bipin P. Patel

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

(NOTE: Registered Agent signature required when reinstating)

4-29-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, BIPIN P	1.2 NAME	PATEL, BIPIN P
STREET ADDRESS	3158 CRESTED CIRCLE	1.3 STREET ADDRESS	3158 CRESTED CIRCLE 10816 BOCA POINTE DR
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	ORLANDO, FL 32837 ORLANDO, FL 32836
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, HASHMI B	2.2 NAME	PATEL, HASHMI B
STREET ADDRESS	3158 CRESTED CIRCLE	2.3 STREET ADDRESS	3158 CRESTED CIRCLE 10816 BOCA POINTE DR
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	ORLANDO, FL 32837 ORLANDO, FL 32836
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Bipin P. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

DATE

407-841-1700

DAYTIME PHONE #

0083320

CR2E034 (9/96)