PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPART VIENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068710

SUNNY GIFTS, INC.

Principal Place of Business

215 NORTH EOLA DRIVE ORLANDO FL 32801

SIGNATURE:

Mailing Address

215 NORTH EOLA DRIVE ORLANDO FL 32801

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90121 043 ***150.00



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DRENINGO PE 32001		OHENHOO I E OZOOT		j	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated 08/19/1996	d or Qualifed			
2. Principal 1 ³ l	lace of Business	2a. Mailing Address		4. FEI Number		Apr	oli∈d For	
8445	INTERNATIONAL DR	26 8445 INTERN	MICHAE DR	<u>59-3399787</u>		· 	Applicable	
Suite, Apt.		Suite, Apt. #, etc.	₹	5. Certifcat∋ of Stati	us Desired	\$8.75 A Fee Rei		
City & State	_	City & State 28 ORUANDO	FL	6. Election Campaig Trust Fund Contr	- 11	\$5.00 (Added_to	,	
Zip 3281	Count y	Zip 29 32819	Country 30 USA	8. This corporation Personal Propert	owes the current year Ir		CINO	
1	9. Name and Address of Current			10. Name and Addr	ess of New Registerer	Agent		
			81 Name	MAG. MANURUM				
	EL, BIPIN P		82 Street	81 Name Man UBHR(82 Street Address (P.O. Box Number is Not Acceptable)				
	6 BOCA POINTE DRIVE			8445 INTEXNATIONAL DRIVE				
OKL	ANDO FL 32836		83					
			84 City	<u> 2016 107 </u>		85 Zip C	cde	
				21.ANDO	F !	_ 32	319	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu	es, the above-named	corporation submits this state	ement for the purpose of	f changing its	registered	
agent. ar	egistered agent, or boin, in the State of m familiar with, and accept the obligation	nonda, Such change was a ons of, Section 607.0505, Flo	rida Statutes.	DIETION'S DOME OF ENECTORS. I	Tiereby accept the apps		gioloroa	
SIGNATUFE	TEC -ANIOD	MANUBHI				4/99		
SIGNATURE	Signature, typed or printed na ne of registered agent a		Registered Agent signature		DATE			
12.	OFFICERS AND		13.		NGES TO OFFICERS . A			
TITLE	D	☐ DELETE	1,1 TITLE	(1)		Change	Addition	
IAME	PATEL, BIPIN P		1.2 NAME	PATEL, BIPIN P				
STREET ADDRESS	10816 BOCA POINTE DR		1.3 STREET ADDRESS	BULS INTERNATIO		, © ∓		
OTY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	CRLANDO FL	32819			
TITLE	D	DELETE	2.1 TITLE	8		⊠ .Change	Additio	
IAME	PATEL, HASHMI B		2.2 NAME	FATEL, MASSIMI G	<u>,</u> , , , , , , , , , , , , , , , , , ,	(C- 1 CT)		
STREET ADDRESS	10816 BOCA POINTE DR		2.3 STREET ADDRESS	BULLS INTERNA	Monge on the			
CITY-ST-ZIP_	ORLANDO FL		2.4 CITY-ST-ZIP	DRUANDOS FL	. 32819			
TITLE		☐ DELETE	31 TITLE	ts		Change	Additio	
NAME			3.2 NAME	FATEL, MANUBHA	A			
STREET ADDF ESS			3.3 STREET ADDRESS	BUYS INTERNATIO	mal dr. ste	2 107		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		32819			
ITTLE		☐ DELETE	4.1 TITLE			Change	Additio	
iame (4.2 NAME					
STREET ADDRESS			4 3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TILE		☐ DELETE	51 TITLE			☐ Change	☐ Addition	
AME			5.2 NAME					
STREET ADD RESS			5.3 STREET ADDRESS					
CITY-ST-ZIF			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	·		☐ Change	Addition	
IAME		_	62 NAME					
STREET ADI RESS			6.3 STREET ADDRESS					
			6.4 CITY-ST-ZIP					
TY-ST-ZIF	certify that the information supplied vith	this filing does not qualify for		in Section 119 07(3)(i). Flor	rida Statutes. I further ce	ertify that the in	formation	
indicated :	on this annual report or supplemental a	innual report is true and accu	irate and that my sigi	ature shall have the same le	agal effect as if made und	der oatn; tna: i	am an	
oπic∋r or i Block 12 d	director of the corporation or the receive or Block 13 if changed, or on an attacht	er or trustee empowered to e ment with an address, with al	kecute this report as I other like empowerε	required by Chapter 607, FR d.		my name ap se 407)	(d) (i)	