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

Mailing Address

1556 PATRICIA AVENUE

DUNEDIN FL 34698-4411

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084757 (9)

SABRINA'S GIFTS INC.

Principal Place of Business

1556 PATRICIA AVENUE

DUNEDIN FL 34698

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RODRIGUEZ, MICHAEL Name **1556 PATRICIA AVENUE** Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 83 84 City 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: Registered Agent's greature required when reinstating) Signature, typed or printed name of registered agent and life if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 THUE RODRIGUEZ, MICHAEL E. 1556 PATRICIA AVE. RODRIGUEZ, MICHAEL NAME 1.2 NAME **1556 PATRICIA AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-ZIP 1.4 CHY - S1 - ZIP DELETE TITLE 2.1 HILE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

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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 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:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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FILED

May 14 1997 8:00am

Secretary of State

38. Date of Last Report
This is first report.

3. Date Incorporated or Qualified

10/11/1996