

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 043 ***150.00

DOCUMENT # P96000084757

1. Corporation Name
SABRINA'S GIFTS INC.



Principal Place of Business

~~1709 MAIN ST~~
~~STE 15~~
~~DUNEDIN FL 34698~~
~~US~~

Mailing Address

~~1709 MAIN ST~~
~~STE 15~~
~~DUNEDIN FL 34698~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1996

2. Principal Place of Business

21 **1556 Patricia Ave**

2a. Mailing Address

26 **Same as 2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Dunedin, FL**

City & State

28 **Zip** **Country**

24 **34698** **USA**

29 **Zip** **Country**

4. FEI Number

59-3406587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SHRODE, R L~~
~~1709 MAIN ST~~
~~STE 15~~
~~DUNEDIN FL 34698~~

10. Name and Address of New Registered Agent

81 Name

Michael E. Rodriguez

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

5108 West Hanning Ave

84 City **Tampa**

FL

85 Zip Code **33634**

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

Michael E. Rodriguez

(NOTE: Registered Agent signature required when reinstating)

DATE

April 20, 1999

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **SHRODE, R L**
STREET ADDRESS **1709 MAIN ST, STE 15**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **Michael E. Rodriguez**
1.3 STREET ADDRESS **1556 Patricia Ave**
1.4 CITY-ST-ZIP **Dunedin, FL 34698**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Michael E. Rodriguez

Date

Daytime Phone #

CR2E034 (11/98)

0499387