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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086025

1. Corporation Name

G & E GIFTS, INC.

Principal	Place of Business	Mailing Add	ress			[]BB!!BB! IIE IEIIE BIGII EEIII EE	rai Marit Garar ea		
2704 HIAV	WASSEE RD	2704 HIAWA	SSEE RD					* * **	, *
	O FL 32818 ORLANDO FL 32818			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed	·····		
i		. •				10/17/1996			
2. Princip	pal Place of Business	2a. Mailing	Address			4. FEI Number		Apı	plied For
21	! 	26				59-3405663		No	t Applicable
	Apt. #, etc.	Suite, A	pt. #, etc.			5. Certifcate of Status Desired		\$8.75 △	II
22		27				3. Cermone of Canas Besides		Fee Re	quired
	State	City & S	State			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	, Country	L Zip	_	Countr	у	8. This corporation owes the curn			
24	25	29		30		Personal Property Tax.			□No
!	9. Name and Address of Currer	nt Registered Ag	ent			10. Name and Address of New R	tegistered A	gent	
i	DIFOLIEDO CDACE O			81	I Name			,	
	RIECHERS, GRACE S			82	2 Street A	Address (P.O. Box Number is Not Accepta	ıble)		
	2704 HIAWASSEE RD			ļ	ļ				
	ORLANDO FL 32818	•		83	3				
				84	City		FL	85 Zip C	Code
dd Dynai	uant to the provisions of Sections 607.050	12 and 607 1508	Florida Statutes	the aho	re-named o	corporation submits this statement for the	nurnose of c	handing its	registered
l office	e or registered agent, or both, in the State	of Florida, Such o	change was aut	thorized by	/ the corpo	ration's board of directors. I hereby accep	the appoint	ment as reg	gistered
ager	it. I am familiar with, and accept the obliga	ations of, Section (607.0505, Flori	da Statute	s.				İ
SIGNAT	IDE								Y
SIGNAT	UNC	at and title if anningful	(MOTE: 6	Pagistared Age	not eignature re	nuired when minstation)	DATE		
	Signature, typed or printed name of registered age		(NOTE: F		ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	(NOTE: F	13.	ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90084 012 ***150.00