

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
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90027 031 ***150.00

DOCUMENT # P96000099373

1. Corporation Name

LYMISH GIFTS, INC.

Principal Place of Business

6825 VISITORS CIR
ORLANDO, FL 32819

Mailing Address

6825 VISITORS CIR
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/96

4. FEI Number

59-3428556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 6825 VISITORS CIR

Suite, Apt. #, etc.

23 City & State

ORLANDO, FL

24 Zip

32819

25 Country

USA

2a. Mailing Address

26 6825 VISITORS CIR

Suite, Apt. #, etc.

28 City & State

ORLANDO, FL

29 Zip

32819

30 Country

USA

9. Name and Address of Current Registered Agent

YOUSUF MUSALLAM
6825 VISITORS CIR
ORLANDO, FL 32819

10. Name and Address of New Registered Agent

81 Name YOUSUF MUSALLAM

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

6825 VISITORS CIR

83

84 City ORLANDO

FL

85 Zip Code

32819

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

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-1999

12. OFFICERS AND DIRECTORS

TITLE P96000099373 ☐ DELETE

NAME YOUSUF MUSALLAM

STREET ADDRESS 6825 VISITORS CIR

CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P96000099373 ☒ Change ☐ Addition

1.2 NAME YOUSUF MUSALLAM

1.3 STREET ADDRESS 6825 VISITORS CIR

1.4 CITY-ST-ZIP ORLANDO, FL 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99 (407) 351-5996

Date

Daytime Phone #