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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700008595

Principal Place of Business	Principal Place of Business 220 MIRACLE STRIP PARKWAY FI. WALTON BEACH FI. 32548 220 MIRACLE STRIP PARKWAY FI. WALTON BEACH FI. 32548 22 MIRACLE STRIP PARKWAY FI. WALTON BEACH FI. 32548 23 Design recompressed or Qualified 01/28/1997 2 Principal Place of Business 21 Design recompressed or Qualified 01/28/1997 2 Principal Place of Business 22 Miracle Strip Parkway 23 Design recompressed or Qualified 01/28/1997 2 Principal Place of Business 24 FEI Number 25 Do NOT WRITE In This SPACE 3 Design recompressed or Qualified 01/28/1997 3 Suite, Apt. #, etc. 3 Suite, Apt. #, etc. 3 Country 4 Do Country 5 Suite, Apt. #, etc. 5 Conflictate of Status Desired 5 Sy342/1488 10 Name 10 Name and Address of Current Registered Agent 10 Name and Address of Current Registered Agent 11 Pursuant to the provisions of Sections 607/0502 and 507/1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist offices or registered Agent, or both, in the State of Florids State Animaly was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Sections 607/0502 and 507/1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist offices or registered Agent, or both, in the State of Florids State Animaly was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Sections 607/0502 and 507/1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist office or registered Agent, or both, in the State of Florids State Animaly and the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Sections 607/0506 florida State Animaly and the corporation's board of directors. I hereby accept the appointment as register ag	1. Corporation	AL GIFTS SHOP, INC.	<i>7</i> 000000							
Principal Place of Business Business FT. WALTON BEACH FL 32548 To Malting Address 2a Making Address 2b Making Address 2c Making Address 2c Making Address 2d Do Not Write in this SPACE 3. Date Incorporated or Qualifed Onl/28/1997 2. Principal Place of Business 2d Not Applied For Suite, Apt. #, etc. 2d Suite, Apt. #, etc. 2d City & Salate 2d City & Salate 2d Country 2d Country 2d Country 2d Country 2d Do Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Fursuant to the provisions of Sections 607,0502 and 607,1508, Findia Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Findia. Such ch	Marting Address Marting Address Marting Address PARKWAY FT. WALTON BEACH Ft. 32548 PARKWAY PT. WALTON BEACH Ft. 32548 PARKWAY PROPERTY PARKWAY PT. WALTON BEACH Ft. 32548 PT. WALTON	morio	AL dii 19 SHOL, INC.								
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Signature, Registered Agent PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD FT. WALTON BEACH FL 32548 81 Name PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD FT. WALTON BEACH FL 32548 84 City FT. WALTON BEACH FL 32548 85 Street Address (P.O. Box Number is Not Acceptable) SIGNATURE SIGNATURE Decrease of processing of sections 807 0502 and 807 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE TITLE D OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 13 NAME SITREET ADDRESS CITY-ST-2P TITLE D CLEETE 11 TITLE D CLEETE 13 STREET ADDRESS CITY-ST-2P TITLE D CLEETE 14 STREET ADDRESS CITY-ST-2P TITLE D CLEETE 15 STREET ADDRESS CITY-ST-2P DELETE 14 STREET ADDRESS CITY-ST-2P DELETE 41 STREET ADDRESS CITY-ST-2P DELETE 14 STREET ADDRESS CITY-ST-2P DELETE 15 STREET ADDRESS CITY-ST-2P DELETE 14 STREET ADDRESS CITY-ST-2P DELETE 15 STREET ADDRESS CITY-ST-2P Change Addition Ad	Sulte, Apt. #, etc.				_			01/28/1997			
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City & State	City & State 23 City & State 24 25 29 29 30 30 29 30 30 30 30 30 30 30 3		:. #, etc.	— · · ·				5. Certifcate of Status Desired	3		
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Zip	Zip Country Zip Country Zip Country State corporation owes the current year intangible Personal Property Tax. Xive Name and Address of Current Registered Agent 19. Name and Address of New Reg			28							
9. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD FT. WALTON BEACH FL 32548 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	9. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD FT. WALTON BEACH FL 32548 18 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-amend corporation submits this statement for the purpose of changing its 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, and acceptable of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 10. Name and Address of New Registered Agent agen		Country	Zip	Cou	ntry		8. This corporation owes the current	year Intai	ngible	
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25 NE WALTER MARTIN ROAD FT. WALTON BEACH FL 32548 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	25 NE WALTER MARTIN ROAD FT. WALTON BEACH FL 32548 82 Street Address (P.O. Box Number is Not Acceptables) 83 Ba		TOUANN DIOUADD D			81	Name				
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	CIT-31-2P	CITY-ST-ZIP		☐ DELETE						Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP