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

DOCUMENT # **P97000023523**1. Corporation Name

GLOBAL GIFTS, INC.

Principal	Place o	f Business
3900-9TH	STREET	NORTH

Mailing Address

3900-9TH STREET NORTH

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90175 001 ***150.00



ST. PETERSBUR	TURG FL 33703 ST. PETERSBURG FL 33703		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
	•				03/14/1997)	
2. Principal Pl	lace of Business	2a. Mailing Address	-		4. FEI Number	A	Applied For	
21	ı	26			59-3438886	N	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	•			\$8.75	Additional	
22	.,	27			5. Certifcate of Status Desired	Fee F	Required	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intan	gible		
24	25	29 30				∐Yes	□No	
	9. Name and Address of Current				10. Name and Address of New Registered A	gent		
			81	Name				
DEW	, John C ESQ.		92	and Country (D.C. Day Muscharia Not Assertable)				
150	SECOND AVENUE NORTH		02	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1500			83					
ST. PETERSBURG FL 33701								
			84	City	FL	85 Zip	Code	
11 Purcuant i	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes.	the above	l e-named c		nanging it	ts registered	
office or re	egistered agent, or both in the State	of Florida. Such change was author	orized by	the corpor	corporation submits this statement for the purpose of characteristics of contraction's board of directors. I hereby accept the appointment of the contraction of the	ment as r	registered	
agent. I ar	m familiar with, and accept me obligat	tions of Section 607.0505, Florida	1 Statutes 1 1	G D	4-29	7-4	0	
SIGNATURE	Signature, typed or printed harne of registered agen	It and title if applicable. (NOTE: Re	nistered Ager	V_/ /	guired when reinstating) DATE		Z	
/_ 12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change		
NAME	BROUGHTON, JAMES E		1.2 NAME					
	3900-9TH STREET NORTH			ADDRESS				
STREET ADDRESS	ST. PETERSBURG FL 33703		1.4 CITY-S				į	
CITY-ST-ZIP TITLE	STD 1		2.1 TITLE	1-27		☐ Change	Addition	
	BROUGHTON, KAY T	_ :	2.2 NAME					
NAME	3900-9TH STREET NORTH		2.3 STREE	TADDDESS				
STREET ADDRESS	ST. PETERSBURG FL 33703		2.4 CITY-5					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-21		Change	Addition	
TITLE	VP		3.2 NAME				_	
NAME	BROUGHTON, JAMES E JR.		3.3 STREE	TADODECC				
STREET ADDRESS	3900-9TH STREET NORTH						· ·	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	DELETE	3.4. CITY-S 4.1 TITLE	SI-ZIP		Change	e Addition	
TITLE	Ab	L.J OCCLIC		l				
NAME	DELUCIA, BROOKE B		4.2 NAME					
STRIPET ADDRESS	3900-9TH STREET NORTH		4.3 STREE	- 1				
CITY-ST-ZIP	ST. PETERSBURG FL 33703	□ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		Change	e [] Addition	
TITLE	VP	☐ NETELE	5.1 TITLE 5.2 NAME			change		
NAME	BROUGHTON, MATTHEW S		5.3 STREE	TADODECO				
STREET ADDRESS	3900-9TH STREET NORTH							
CITY-ST-ZIP	ST. PETERSBURG FL 33703		5.4 CITY-S 6.1 TITLE	1-2119		Change	e Addition	
TITLE	VP	□ DELETE					- LI AUGIUOII	
NAME	BROUGHTON, MARK		6.2 NAME				Ì	
STREET ADDRESS	0000 0111 01 11		i e	TADDRESS				
	AT DETERMBURA EL ANZAN		64 CITY S	T. 7IP				

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