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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026527 (6)

ANDREW'S GIFTS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 15 1998 8:00am Secretary of State



ماريال

•		Mailing Madross			
3710-C VILLAGE DRIVE DELRAY BEACH FL 33445		3710-C VILLAGE DRIVE DELRAY BEACH FL <b>3</b> 3445			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/19/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Ani	plied For
21 2809	South Ocen Blow	26		1 / (\n2 i) 1 2 H	Applicable
Suite, Apt.		Suite, Apt #, etc. 27		5. Certificate of Status Desired  Fee Rec	
City & Stat	"hLAND BOACH, FloRIM	City & State		6. Election Campaign Financing \$5.00  Trust Fund Contribution Added to	-
Zip	Country	7φ	Country	8. This corporation owes or has paid the current year Inta	
<u>14</u> 33			30	Personal Property Tax due June 30. Yes	No No
	9. Name and Address of Current F	legistered Agent		10. Name and Address of New Registered Agent	
	ERLING, MICHAEL A		81 Name	SHARON SPERLING	
3710-C VILLAGE DRIVE DELRAY BEACH FL 33445			82 Street Add	dress (P.O. Box Number is Not Acceptable)  3 710 - C VIIIACE DRIVE	
-	ENTI DE ISTATE SOTAT		83	3 119 C VIVIAGE DATE	
			84 City -	2 4 4 5 Zip Q	ode -
	····	·		200LAU LOCACO FLII 3	57445
Office or r	to the provisions of Sections 607.0502 a registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was au	thorized by the corpora	poration submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as r	registered egistered
SIGNATURE	Signature, typed or printed name of region red agont a	<b>\</b>		4/8/98	
			Rog stored Agent signature requ		
12. TITLE	OFFICERS AND L	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Change	
NAME	PRESIDENT		1.1 TITLE 1.2 NAME	cnange	Addition
STREET ADDRESS	SHARON SPERLING				
CITY-ST-ZIP	3710-6 UILLAGE Dein Bellay Beach FL	え 2200ビ	1.3 STREET ADDRESS		
TITLE	VID DEADLE	DELETE	1.4 CHY-ST-7)P 2.1 TITLE	Change	Addition
NAME	MICHAEL SPEACING	_	2.2 NAME		
STREET ADDRESS	3710-6 V: 111000 DIME		2.3 \$1REET ADDRESS		
CITY-ST-ZIP	Delegy Beach, G1 3	3445	2. 4 CITY-ST-ZIP		
TITLE	TREASURET	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME	SANFORD Pailmen		3.2 NAME		
STREET ADDRESS	7777 GREAT WION CIRCL	e	3.3 STREET ADDRESS		
CITY-ST-ZIP	Deleny Beach, GL 33	3446	3.4. CITY-S1-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , , ,	DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	Deverse	5.4 CITY - ST - ZIP		T   2
TITLE		☐ DELET <b>E</b>	6.1 TITLE	∐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the in	nformation
officer or o	<b>on this annual report</b> or supplemental ai	nnual report is true and accur ir or trustee empower <b>ed</b> to ex	rate and that my signati	rescaled 119.07(3)(f), Florida Statutes. Former certify that the luvre shall have the same legal effect as if made under oath; that puired by Chapter 607, Florida Statutes; and that my name app	l am an