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Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065302 (6)**

1. Corporation Name

EASTGATE GIFTS, INC.



Principal Place of Business 5245 E IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746	Mailing Address 5245 E IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1997	
21		26		4. FEI Number 59-3460361	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	28	Country		
24		29			

9. Name and Address of Current Registered Agent

MADHAV, RAJ
5245 E IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81	Name KAMLESH NANJI
82	Street Address (P.O. Box Number is Not Acceptable) 5245 E. IRLO BRONSON MEM. HWY
83	
84	City KISSIMMEE
85	Zip Code FL 34746

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]

2.10.98

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PTD
NAME	MADHAV, RAJ	1.2 NAME	KAMLESH NANJI
STREET ADDRESS	5245 E IRLO BRONSON MEMORIAL HWY	1.3 STREET ADDRESS	5245 E. IRLO BRONSON MEM. HWY
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34746
TITLE		2.1 TITLE	VPS
NAME		2.2 NAME	JYOTI NANJI
STREET ADDRESS		2.3 STREET ADDRESS	5245 E. IRLO BRONSON MEM. HWY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34746
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE:

[Signature]

2.10.98

407.347.2888

CR2E034 (10/97)