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May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moghan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093766 (8)

1. Corporation Name
GIFT EMPORIUM, INC.



Principal Place of Business
4594 YORKSHIRE LANE
KISSIMMEE FL 34758

Mailing Address
4594 YORKSHIRE LANE
KISSIMMEE FL 34758

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1997

4. FEI Number
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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 4594 YORKSHIRE LA
Suite, Apt. #, etc.

22 City & State
23 KISSIMMEE FL.

24 Zip 34758 25 Country OSCEOLA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.

27 City & State
28 SAME

29 Zip SAME 30 Country SAME

9. Name and Address of Current Registered Agent

MANUEL, GERALD H
4594 YORKSHIRE LANE
KISSIMMEE FL 34758

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 GERALD H MANUEL

Gerald H Manuel 3/29/98

12. OFFICERS AND DIRECTORS
TITLE GERALD H MANUEL
NAME GERALD H MANUEL
STREET ADDRESS 4594 YORKSHIRE LA.
CITY-ST-ZIP KISSIMMEE FL. 34758

TITLE SHERRY L. MANUEL
NAME SHERRY L. MANUEL
STREET ADDRESS 4594 YORKSHIRE LA.
CITY-ST-ZIP KISSIMMEE FL. 34758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 as an attachment with an address.

SIGNATURE 9/2/98

CR2E034 (10/97)