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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

HART'S GIFT WORLD, INC.

Principal Place of Business



DOCUMENT # P98000001784

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90027 009 ***150.00

4321 S W 147TH COURT MIAMI FL 33185		4321 S W 147TH COURT MIAMI FL 33185			DO NOT WI	RITE IN T	∵⊦is s	PACE				
							1 0.	ricorporated or Qualife	d			
2. Principal Place of Business			2a. Mailing Address		4. FEI Number			A	prlied For			
21		26		65-0802525			Not Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired				\$8.75 Additional Fee Required				
City & State	e		City & State					on Campaign Financing Fund Contribution	⁹ 🗆			t/lay Be
Zip 24	Cour try	,	Zıp 29	Country 30	y			orporation owes the cural Property Tax.	irrent yea		gible Yes	I⊒No
	g. Name and Addres	ss of Current	Registered Agent		т.		10. Name	and Address of New	Registe	red A	<u>jent</u>	
LIAD?	T CDDOL W			81	' [^]	Name						
HART, ERROL V 4321 S W 147TH COURT						Street Ac'di	ress (P.O. Box	Number is Not Accep	otable)			
MIAN	N FL 33185			83	3]
				84	ı c	City				FL	85 Zip	Code
office or r	egistered agent, or both,	in the State of	and 607.1508, Florida Statt f Florida. Such change was ons of, Section 607.0505, Fl	authorized by	/ the	amed corp e corporation	ooration submi on's board of	its this statement for the directors. I hereby acc	e purpos ept the a	e of ch	anging its nent as re	s registered egistered
SIGNATUR.E	Signature, typed or printed name	of registered agent	and title if applicable. (NOT	E: Registered Age	ent sig	gnature require	ed when reinstating))	DATI			
12.	OI	FFICERS AN	DIRECTORS	13.			ADDITI	ONS/CHANGES TO C	FFICERS			
TITLE	D		☐ DELETE	1.1 TITLE							Change	Addition
NAME	HART, ERROL V			1.2 NAME								
STREET ADDRESS	4321 S W 147TH C	OURT		1.3 STREE	T ADI	DRESS						
CITY-ST-ZIP	MIAMI FL 33185			1.4 CITY- S	ST-ZII	IP						
TMLE			☐ DELETE	2.1 TITLE						i	Change	☐ Addition
NAME				2.2 NAME								
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NAME				32 NAME								!
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CITY-ST-ZIP			Document	4.4 CITY-S	ST-ZI	1P	 -				☐ Change	Addition
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NAME				53 STREE		nnacee						
STREET ADDRESS												
CITY-ST-ZIP			FI DELETE	5.4 CITY-S	51-ZII						Change	Addition
TITLE			☐ DELETE								change	☐ Madition
NAME				62 NAME								
STREET ADDRESS				6.3 STREE		- 1						
CITY-ST-ZIP				6.4 CITY- S	ST-ZII	IP						

14. I heret y 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.