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 # P98000015618

1. Corporation Name

M.J.'S GIFTS, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90182 028 ***150.00



Principal Plac	e of Business	Mailing Addre	SS												
9256 Southwest first place Boca raton fl 33428		9256 SOUTHWEST FIRST PLACE BOCA RATON FL 33428			ļ										
BOCA RATON	FL 33428	BOCA RATUN	FL 33428							O NOT	VRITE II	N THIS S	SPACE		
							3. 1	Date Inco							7
								02/14/	•						1
2 Principal F	Place of Business	2a. Mailing Ac	ldress					FEI Num						oplied For	\neg
2. Timospari	labe of Bosillood	26					1/4	105	708	るん	415			lot Applicabl	ie
Suite, Apt.	# etc	Suite, Apt.	#. etc.				- -	<u> </u>	<u> </u>					Additional	
20110, 7401.	<i>", b.</i>	27	.,				5. (Certifcate	of Statu	s Desire	ď ∐			Required	-
City & Stat	le	City & Sta	te				+	Election	Campaid	n Financ	ina	· 	\$5.00	May Be	_
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Zip	Country	Zip	Zip Country								current v	ear Intai	naible		
24	25	29					8. This corporation owes the current year Intangible Personal Property Tax. Yes No								- {
	9. Name and Address of Curi			<u>'1</u>				Name ar			w Regi	stered A	gent		
	g, Harris and Address of Carl			E	31 Na	ame					<u>-</u> -				\neg
MAG	SYAN, ANDREW R														_
	SOUTHWEST FIRST PLACE			1	32 St	reet Addre	ess (P.	O. Box N	lumber is	Not Acc	eptable)		•		
	A RATON FL 33428			-	33										
555				1	,5										- }
				₹	34 Ci	ty							85 Zip	Code	
												FL			}
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ite of Florida. Such ch:	ande was autho	orized t	ov the :	med corpo corporatio	oration on's boa	submits ard of dire	inis state ectors. H	ment for nereby a	ine purp scept the	appoint	manging ii ment as r	s registered egistered	
agent. I a	m familiar with, and accept the obli	igations of, Section 60	7.0505, Florida	Statut	es.										1
SIGNATURE															
	Signature, typed or printed name of registered a		(NOTE: Rec		gent sign	ature required						ATE AND	DIDECT	ODO IN 42	100
12.	_ 	AND DIRECTORS	DELETE	13.			AI	DDITION	IS/CHAN	GES TO	OFFICE		Change	ORS IN 12	- 2 - 2
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NAME	MAGYAN, JEANNE	40-		1.2 NAM											8
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CITY-ST-ZIP				64 CITY	-51-ZIP	1									- 1

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: