STREET ADDRESS

STREET ADDRESS City-St-ZiP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

	1999			CORPORATIONS		ricab		
					ĺ	99 FEB 23 PM 12: 48		
DOCUMEN 1 # P98000059362					1	SECRETARY OF STATE		
OCCASIONAL GIFTS, INC.					ĺ	TALLAHASSEE, FLORIDA		
•					1	A LABORADO DIA 16100 ABARA BARRA		
<u> </u>						A NEBITEET THE COURT TENT TENT ENTINEETING COURT		
Principal Place of Business Mailing Address  1137 GRANDVIEW CIRCLE 1137 GRANDVIEW CIRCLE					ĺ			
ROYAL PALM BEACH FL 33411 ROYAL PALM BEAC				3411	ļ			
}					ł	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
ļ Ļ					}	07/06/1998		
2. Principal Place of Business 2a. Mailing Address				hibaal	1	4. FEI Number Applied For		
21		[26] 1,0	) ROX	210027	7.	65-0847368 Not Applicable		
Suite, Apt.	#, etc.	Suite,	Apt #. etc	210027	ļ	5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required		
City & Stat	e	27 City &	State 🔿	. ~ .		6. Election Campaign Financing , \$5.00 May Be		
23		28 We	St Pala	n Beach,	12	Trust Fund Contribution Added to Fees		
Zip	Country	` ト・・, <b>つ</b> ク		Country		8. This corporation owes the current year Intangible		
24	9 Name and Addre	29 ) Ss of Current Registered A		[30]	. 1	Personal Property Tax ☐ Yes ♣No 10. Name and Address of New Registered Agent		
<u> </u>			2	81 Name	 			
AMERILAWYER Solver Address					ss (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE CORAL GABLES FL 33134				1 94	1 243 Almeria Avenue			
001	ME CHOLES FE 3313	•		83				
				84 City C	nea 1	Grade FI 85 Zip Code		
11, Pursuant	to the provisions of Sect	ions 607.0502 and 607.1508	Florida Statute	es, the above-named	corpor	ration submits this statement for the purpose of changing its registered		
		in the State of Flanda Such opt the companions of facilion	change was au 607.0505, Floi	uthorized by the corporida Statutes.	oration	ation submits this statement for the purpose of changing its registered is board of directors. Thereby accept the appointment as registered		
SIGNATURE	By.	THE T	ne it mouses			2(22/99		
12.	Signature, NHI A PHO FROM	FFICERS AND DIRECTORS	(Cistally)	Rejisterek Ajem signaturun II. 13.	required w	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITUE	PSTD	<del></del>	DELETE	11101.6	[	[   Change [ ] Addition		
NAME	LLOYD, HEIDI H			1.2 NAME				
STREET ADDRESS	1137 GRANDVIEW			13 STREET ADDRESS				
CITY-ST-ZIP TITLE	ROYAL PALM BEAC	m FL 33411	[] DELETE	14 CITY-\$1-ZIP	ì	[   Change   [ ] Addition		
NAME				22 NAME		(1000 9		
STREET ADDRESS				23 STREET ADORESS				
CITY-ST-ZIP	·		-3 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 4 CHY-ST-ZIP				
NAME			[] DEFELE	317111.6	1	["] Change ["] Addition		
STREET ADORESS				3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP				34 CITY-ST-ZP		2000027857323		
TITLE				4 \ TITLE		-02/24/99010670114:0:0:0 ****150.00 *****150.00		
NAME				4 2 NAME	1	****120.00		

64 CiTY-\$1-7iP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 emprowered 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 addressy with all other like emprowersy.

5 1 TITLE 5.2 NAME

61 Tille

6.2 NAME

[] DELETE

[] DELETE

43 STREET ADDRESS 4.4 CITY-ST-ZIP

53 STREET ADDRESS

63 STREET ADDRESS

54 CITY- \$1-ZIP

SIGNATURE: /

[ ] Change

[] Addition