

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67545

(1)

1. Corporation Name

DANIEL'S OF BOCA GIFTS, INC.



Principal Place of Business

8177 W GLADES RD.
WEST BOCA PLACE, BAY 4
BOCA RATON FL

Mailing Address

8177 W GLADES RD.
WEST BOCA PLACE, BAY 4
BOCA RATON FL

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

GAYLORD, MARC R.
4800 N FEDERAL HWY.
S-3068
BOCA RATON FL 33431

3. Date Incorporated or Qualified
07/19/1991

3a. Date of Last Report
04/03/1995

4. FEI Number

65-0278525

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name NAOMI MUCHA

82 Street Address (P.O. Box Number is Not Acceptable)

83 8177 Glades Rd.

84 City Boca Raton

FL 85 Zip Code 33434

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 607.0502, Florida Statutes.

SIGNATURE X Naomi Mucha

NAOMI MUCHA

DATE 4/22/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUCHA, OFER
STREET ADDRESS 5705 NW 32ND TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME MUCHA, NAOMI
STREET ADDRESS 5705 NW 32ND TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Naomi Mucha NAOMI MUCHA, Secy. 4/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/22/96 (407)
852-124

CR2E034 (12/95)