Mar 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # \$67545**

1. Corporation											
DANIEL'	'S OF BOCA GIFTS AND PE	ERFUN	ME, INC.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	118 118 81141 13851 B4111 B1	681 EUN BISH	11111 BIBN 8181	I BARAN BARAN AT	I I
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Principal Place	e of Business	Ma	ailing Address				510 110 011 1 1 18881 011£1 01	PHT 0411 04017	#1841 B(O)1 B(O)	W(B) # B W	ei
8177 W GLADE	ES RD.	817	77 W GLADES RD.					•			
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BOCA RATON FL BOCA RATON FL						3 Date Incor	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
						07/19/1	•				
2 Principal P	lace of Business	7a.	Mailing Address			4. FEI Numb				pplied For	
21	add or Budineds	26				65-0278	525			lot Applicab	ole
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				of Status Desired			Additional	
22		27				5. Certificate	oi Status Desired		Fee F	Required	
City & Stat	te		City & State		. '*	6. Election C	ampaign Financing			May Be	
23		28	<u> </u>			Trust Fund	Contribution		Added	to Fees	
Zip	Country		Zip	Cou	ntry		ration owes the curr	-		П.	
24	25	29	58. fe	30	3.54		Toperty Tax.	·	Z Yes	□No	
	9. Name and Address of Currer	nt Regis	tered Agent (C)	- K ()	مەنقىدىدە خى 81 Name	· · · · 10. Name and	Address of New F	Registered	1 Agent		⊢,
NAC	OMI MUCHA				81 Name		•				
	7 GLADES ROAD				82 Street	Address (P.O. Box Nu	mber is Not Accepta	ble)		•	
					83		_				
											- 1
S-30					33						- 1
	ogb Ca raton fl 33434				84 City		_		85 Zip	Code	
BOO	CA RATON FL 33434				84 City			F	L ' '		
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BOO		2 and 60 of Floridations of,	07.1508, Florida Statui la. Such change was a , Section 607.0505, Flo	tes, the all	84 City	corporation submits the	is statement for the		L ' '		1
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: >

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

___ Addition