SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $238 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1995 6-2295 B-74481 DIVISION OF CORPORATIONS

FILED

DOCUMENT # S88162 (0)

1. Corporation Name

SPECIALTY GIFTS, INC.

Principal Place of Business	Mailing Address
7040 W. PALMETTO PARK RD. SUITE 2-153 BOCA RATON FL 33433	7040 W. PALMETTO PARK RD. SUITE 2-153 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 7400 LA PAZ Place
22 Suite, Apt. #, etc.: #201
23 City & State: Boca Raton FL
24 Zip: 33433
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: APPLIED FOR 65-0421771 — 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

9. Name and Address of Current Registered Agent

BLOCH, JACK
2166 MAGDALENA TERR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: Sheila Garbuz or Estelle Bloch
82 Street Address (P.O. Box Number is Not Acceptable): 7040 W. Palmetto Park Road
83: Suite 2-153
84 City: Boca Raton FL 85 Zip Code: 33433

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 607.0505, Florida Statutes.

SIGNATURE: Jack Bloch — 6/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GARBUZ, SHEILA	12 NAME	
STREET ADDRESS	7040 W. PALMETTO PARK RD. #2-153	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BLOCH, JACK	22 NAME	
STREET ADDRESS	7040 W. PALMETTO PARK RD. #2-153	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	BLOCH, ESTELLE	32 NAME	
STREET ADDRESS	7040 W. PALMETTO PARK RD. #2-153	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] 6/14/95 407-368-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000743G CP