FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 05 1997 8:00am Secretary of State

L	1997 DIVISION OF CORPORATIONS					
	MENT # H2232 DODIE BASKET, INC.	3 (0)			a anna did ii k abij k idia n adal	1 8 14 1884
Principa: Place of Business Mailing Address 1718 S. DALE MABRY 1718 S. DALE MABRY			1 (0040) 0100 (0100 1100) 1100	13 BIBLI BIBLI BIBLI PIDIL DIDLI B	1611 1981	
1718 S. DALE TAMPA FL 336		TAMPA FL 33629-5813				
				3. Date incorporated or Qualified 09/24/1984	3a. Date of Last Re 09/16/1996	port
2. Principal (21)	Place of Business	2a. Mailing Address		4. FEI Number 59-2835723		plied For t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75	
22		27		5. Certificate of Status Desired	Fee Re	
City & Sta 23]	ite	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	[30]		Yes No	
	Name and Address of Curr TARP, NAN	rent Hegistered Agent	81 Name	10. Name and Address of New F	registered Agent	~
	8 S. DALE MABRY		62 Street	Address (P.O. Box Number is Not Accept	ahlal	
	IPA FL 33629			Thousand It is box realised to real recopi		
			83			
			84 City		FL 85 Zip (Code
11. Pursuani	t to the provisions of Sections 607.0	0502 and 607,1508, Florida Statu	les, the above-named	d corporation submits this statement for the		s registered
office or agent, I	registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 607.0505, Fl	authorized by the col orida Statutes.	d corporation submits this statement for the rporation's board of directors. I hereby acc	ept the appointment as	registered
SIGNATURE		,				
12.	Signature, typed or printed name of registered	agery and tille if applicable. (NO	E Registered Agent signatur 13.	re required when reinstating) ADDITIONS/CHANGES TO OFF	DAYE ICERS AND DIRECTOR	S IN 12
TITLE	PTD	DELETE	1.1 TITLE	ADDITIONS OF ANDES TO OFF	Change	Addition
NAME	MALTARP, NAN		1.2 NAME			
STREET AUDRESS			1.3 STREET ADDRESS			
CITY ST-7F	TAMPA FL 33679-8381		1.4 C/TY - ST - ZIP			
III.E		DELETE	2.1 TITLE		Change	Addition
NAME DIMEST ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS CHY+ST-ZIP			2.4 CITY-S1-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-7F		DELETE.	3.4. CITY-ST-ZIP			111111111
TireE		☐ DELETE	41 TITLE		Change	Addition
NAME CONTACT AND CONTACT			4.2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADORESS 4.4 City-St-Zip			
THE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-SI-Zir			5.4 CITY - ST - ZIP			
HULF		☐ DELETE	61 TITLE		L Change	Addition
NAME			62 NAME			
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS			
1 (1Y - NC - ZIP	1		6.4 CITY - ST - 21P	I		

accurate and that my signature shall have the same legal effect as if made u execute this report as required by Chapter 607, Florida Statutes; and that my