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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 27 1997 8:00am

Secretary of State

Secretary of State
Division OF CORPORATIONS

DOCUMENT # 473284

(8)

Mailing Address
7211 S.W. 58TH AVENUE

THE HANGING BASKET, INC.

7211 S.W. 58TH AVENUE MIAMI FL 33143-5211 MIAMI FL 33143 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1975 03/12/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1592639 Not Applicable 21 26 Suite, Apt. #. etc. \$8.75 Additional Spite Apt. # etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DICKINSON, ROBERTA H. 6245 SW 100TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 R4 City Zip Code 85 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 Sign at we type di or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. STD Change Addition ☐ DELETE 1.1 TITLE THE HARWARD, TRESCA B 1.2 NAME NAME 7171 SW 55TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST-ZIP PD DELETE Change Addition 2.1 TITLE DICKINSON, ROBERTA H. 2.2 NAME DIALIF 6245 SW 100TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CiTY-ST-ZIP CHY-ST ZIE DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME MAME STREET ADORESS **33 STREET ADDRESS** CITY-51-ZIF 3.4. City-St-ZiP DELETE 41 TITLE Change Addition THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CHY-SI 20 DELETE 5 1 TITLE Change Addition 100.6 5.2 NAME MALIE STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST ZIP DELETE Addition 6.1 TITLE Change 6.2 NAME MALIE STREET ADDRESS 6.3 STREET ADDRESS 011Y-51-709 6.4 CITY-ST-ZIP

14. I do 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 congoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Biock and Block 13 if changed, or on an attachment with an address.