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PROFIT CORPORATION ANNUAL REPORT



FLOR DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

(3)

DOCUMENT # 1. Corporation Name

GINELLIE'S FRESH FRUIT BASKETS, INC.

Principal Place of Business

Mailing Address



Suite, Apt. #, etc. 27 City & State City & State Zip Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Added to Fees Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032,	P O BOX 10 TAMPA FL :		P O BOX Tampa Fl				
Surface, Apr. F. etc. Surface, Apr. F. etc. Surfa						3. Date Incorporated or Qualified 09/14/1978	3a. Date of Last Report 06/22/1995
Surio, April #, etc. 2 2 2 2 2 2 2 2 2	2. Principal Pla	ce of Business	2a. Mailing Ad	dress		4. FEI Number FO. 1960272	
Section Company Free Required Scalars Section Company Free Required Section Company Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section	21		26			39-1000272	
28	Suite, Apt. #	, etc.		#, etc.		5. Certificate of Status Desired	
25	City & State		· · · · · · · · · · · · · · · · · · ·	e			
Section 10 10 10 10 10 10 10 1	Zip	Country	Zip	<u> </u>	Dountry		
ROBERTS, D. KAREN 109 BISCAYNE AVE TAMPA FL 33606 62 Street Address (P.O. Exx Number is Not Acceptable) 63 FL Pussant to the provisions of Sections 607,0502 and 607,458, Quick Statutes the above registered agent, or both, in the State of Florids, Succiforance washauthorized by the corporation submit to the purpose of changing its registered office or registered agent, or both, in the State of Florids, Succiforance washauthorized by the corporation's board of decicies. Liverably accept the appointment are registered agent, and acceptable of Section (by Ostar) trains statuted. SIGNATURE SIGNATURE DELETE 1 1 THE ROBERTS, KAREN D. P. O. BOX 10884 N/A TAMPA, FL 00000 14 LETE 1 1 THE ROBERTS, KAREN D. P. O. BOX 10884 N/A TAMPA, FL 00000 14 LETE 2 1 THE 3 1 THE 4 THE 3 1 THE 3	24						
BOBERTS, D KAREN 109 BISCAYNE AVE TAMPA FL 33606 B4 City FL B5 Zip Code B5		9. Name and Address of Curr	ent Registered Ager	<u></u>	B1 Nomo	10. Name and Address of New N	agisterau Agent
100 BISCAYNE AVE	DARCO	TO D MADEN			of Name		
TAMPA FL 33606					82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
B4 Cdy					83		
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11. Pursuant to the provisions of Sections 607.0502 and 6					84 City		FI 85 Zip Code
Signature Separate	44 . D	the are delene of Seel and 607.05	02 and 607 4508 Els	rida Statutos, the	above-named cornor	ration submits this statement for the pur	nose of changing its registered of
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ruo inercity certify that the information response with this limit is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(5)(k), Frontag Statutes (Tuttier 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 over an attachment with an address.