

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K80458** (8)

1. Corporation Name  
**THE LACE BASKET, INC.**

Principal Place of Business: **16065 W. TAMPA PALMS BLVD. TAMPA FL 33647 US**  
Mailing Address: **16065 W. TAMPA PALMS BLVD. TAMPA FL 33647 US**

APPROVED AND FILED  
MAY 1 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/14/1989</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-3045505</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.031 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>COATES, ELLEN 16065 W. TAMPA PALMS BLVD. TAMPA FL 33647</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
FL				B5 Zip Code			

11. Pursuant to the provisions of Sections 199.031 and 607.1405 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 understand the obligations of Section 607.1405 Florida Statutes.

SIGNATURE: *Ellen A. Coates* **ELEN A COATES** 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME COATES, ELLEN	17725 GREY EAGLE RD TAMPA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME COATES, ROBERT	17725 GREY EAGLE RD. TAMPA FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME COATES, ROBERT	17725 GREY EAGLE RD TAMPA FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.02(1)(b) 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 file this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Robert K. Coates* **ROBERT K COATES** 4/30/95 (813) 971-9494