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May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M03279 (0)
1. Corporation Name
INTERNATIONAL FRUIT BASKETS, INC.



Principal Place of Business Mailing Address
1718 N GOLDENROD RD 1718 M GOLDENROD RD
ORLANDO FL 32807 ORLANDO FL 32807
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1718 N Goldenrod 26 1718 N Goldenrod
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Orlando FL 28 Orlando FL
Zip Country Zip Country
24 32807 25 Orange 29 32807 30 Orange

3. Date Incorporated or Qualified
07/25/1984
4. FEI Number 59-2437429 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HINES, DEWAYNE T.
119 DORRELL COURT
OVIEDO FL 32765
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME HINES, JAMES T. 1.2 NAME
STREET ADDRESS BLACKACRE TRAIL 1.3 STREET ADDRESS
CITY-ST-ZIP WINTER SPRINGS FL 1.4 CITY-ST-ZIP
TITLE D ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME HINES, DEWAYNE T. 2.2 NAME
STREET ADDRESS 119 DORRELL COURT 2.3 STREET ADDRESS
CITY-ST-ZIP OVIEDO FL 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
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STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 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.

CR2E034 (10/97)