

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M08791** (9)

1. Corporation Name
PARTY BASKET, INC.



Principal Place of Business PARTY BASKET, INC. 6915 W. BROWARD BLVD. PLANTATION FL 33317	Mailing Address PARTY BASKET, INC. 6915 W. BROWARD BLVD. PLANTATION FL 33317-2917
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MALL DESTROYED BY FIRE 9/6/96

3. Date Incorporated or Qualified 12/11/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1250 N.W. 101 WAY Suite, Apt. #, etc. 22 City & State 23 PLANTATION, FL Zip Country 24 33322 25 USA	2a. Mailing Address 26 1250 N.W. 101 WAY Suite, Apt. #, etc. 27 City & State 28 PLANTATION, FL Zip Country 29 33322 30 U.S.A	4. FEI Number 59-2540361 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**PATRUNO, EDWARD S.
6915 W. BROWARD BLVD.
PLANTATION FL 33317**

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name S. EDWARD PATRUNO	85 Zip Code 33322
82 Street Address (P.O. Box Number is Not Acceptable) 1250 N.W. 101 WAY	
83	
84 City PLANTATION	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRUNO, MARIE		1.2 NAME	
STREET ADDRESS 1250 NW 101ST WAY		1.3 STREET ADDRESS	
CITY - ST - ZIP PLANTATION FL		1.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRUNO, S. EDWARD		2.2 NAME	
STREET ADDRESS 1250 NW 101ST WAY		2.3 STREET ADDRESS	
CITY - ST - ZIP PLANTATION FL		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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, changed, or on an attachment with an address.

SIGNATURE: **Edward Patruno** **S. EDWARD PATRUNO** 4/3/97 (954) 473-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)