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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUI	MENT # P9300								
1 '	ORANGE BASKET, INC.								
Principal Place	of Business	Mailing Address			-	 	IIII DHII IIII		
1472 JORDAN HILLS COURT		1465-BOUTH-FORT-HARRISON-AVENUE-							
SUITE 201 CLEARWATE	R FL 34816	1472 JORDAN HILLS CI CLEARWATER FL 34616							
US		US	U\$		3. Date Incorporated or Qualified 12/14/1993 3a. Date of Last Report 05/01/1995				
2. Principal Place of Business 21 1472 Jordan Hills Court Suite. Apt. #, etc. 22		26. Mailing Address 26. 1472 Jordan	tron a a dia a dia a a		4. FEI Number 59-3214057	7 Applied For Not Applied			_
					5. Certificate of Status Desired		\$8.75	Additional Required	7
City & State	vater, FL	City & State	FL	·	Election Campaign Financing Trust Fund Contribution		\$5.00	May Be	
Zip 24 34616	Country	Zip	ı	untry	8. This corporation has liability for			··· · · · · · · · · · · · · · · · · ·	7
24 34616	25 USA 9. Name and Address of Current	29 34616	30	USA		s No			_
	g, Haine and Address of Current	negistered Agent		81 Name	10. Name and Address of New	Registered	Agent		
BRUNSON, JOHN M									
	ORDAN HILLS COURT		82		Iress (P.O. Box Number is Not Acceptable)				
CLEARV	NATER FL 34616								1
				84 City			85 Zip	Code	4
		77.71.11.11.11.11.11.11.11.11.11.11.11.1	·			FL	. `		
a or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	a. Such change was authorized	i, the ab I by the	ove named corpora corporation's board	ation submits this statement for the pu	irpose of cha	anging its re	egistered office	,]
i amiliar wit	th, and accept the obligations of, Section	on 607.0505, Florida Statutes.	,		or an according to the	JOHNINON BO	registered	egent. Fatti	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /NOTe	Bouistere	d Agent signature required	when reinstaliant	DATE			
12.	OFFICERS AND		13.	3	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	CR2E034 (12/95)
TITLE	PD	DELETE	1.1	TITLE		Ī	Change	Addition	72
NAME	LENHARDT, PETER M.		121	IAME					8
STREET ADDRESS	1472 JORDAN HILLS COURT		135	TREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL SD	Fig. 6.5	_	HY-ST-ZIP				.]Ķ
TITLE	LENHARDT, HELEN K.	☐ DELETE	2 1			[Change	Addition	10
NAME STREET ADDRESS	1472 JORDAN HILLS COURT		22 N						
CITY-ST-ZIP	CLEARWATER FL			TREET ADDRESS					
TITLE		[] DELETE	3.1	TY-ST-ZIP			7 Change	Addition	4
NAME		T precit	3. I	·			onange	LI WOURDI	
STREET ADDRESS				STREET ADDRESS					
CITY-S1-ZIP				ITY - S1 - ZIP					
THTLE		DELETE	4.11				Change	Addition	1
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	TREET ADDRESS					
CITY-ST-ZIP			4.4 0	ITY - \$T - ZIP					
TITLE		□ DÉLETE	5. 11	TOLE) Change	Addition	1
NAME			5.2 N	AME					
STREET ADDRESS				TREE1 ADDRESS					
CITY-ST-ZIP		F7 brien		HTY-ST-ZIP					1
TITLE		☐ DEFELE	6 11]] Change	Addition	
NAME STREET ADDRESS			62 N	AME TREET ANDRESS					
ALDEEL MULBERS	1		E 6 2 C	THEFT ATTIMETED I					

6.4 CITY - \$1 - ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 reflexiver or trustee empowered to expose this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if divinged, or off injurity with an ad liress.

SIGNATURE:

CITY-ST-ZIP