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

PROFIT



ELORIDA DEPARTMENT OF STATE

ANNUA	PORATION Sandra B. Mortham AL REPORT Secretary of State DIVISION OF CORPORATIONS				
DOCUM 1. Corporation N	Name	0046253 (8)			
BEAN'S	BASKET OF GIFTS, INC.			\$ 1864488441 1814 \$1811 \$114 <b>8</b> 1314	
Principal Place o	f Business	Mailing Address			<b>. 6</b> 74 <b>. 10</b> 111 <b>. 1114 .</b> 5114 11 <b>51</b> 1 0110 . 141 151 1
411 DEER CRE	FK RUN	411 DEER CREEK RUN DEERFIELD BEACH FL 33	6 22:1112		
DEERFIELD BE	ACH FL 3343 33442	DEEKRIELU BENCH FL 33	N 2247 A	3. Date incorporated or Qualified 06/21/1994	3a. Date of Last Report 01/26/1995
2. Principal Plac	te of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0497161	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution  8. This corporation has liability for	Added to 1 663
Ζφ <b>24</b>	Country 25	Ζιρ [29]	30	Florida Statutes  Yes	No
<u> </u>	9. Name and Address of Currer			10. Name and Address of New I	Registered Agent
			81 Name		
			82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
411 DEER CREEK RUN			83		
DECHIE	LD BEACH FL 33442		84 City		85 Zip Code
			1 1 '		FL   1
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508 Florida Statutes ida. Such change was authorized	, the above named corporably the corporation's boar	ation submits this statement for the pu id of directors. Thereby accept the app	rpose of changing its registered office nointment as registered agent. I am
familiar with	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.			
SIGNATURE _	Signature, typical or prints dimanic of registered ages	र कुट 15 से किस्टोर्स कर । विभिन्न	Bug stood Apold squal ac rejuice	wite resist that	(A)E
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12  Change Addition
TITLE	D	□ DELF1£	1 1 117LF		C Onlings C 7440-155
NAME	HEDGES, IRENE 411 DEER CREEK RUN		1.2 NAME 1.3 STREET ADORESS		
STREET ADDRESS	DEERFIELD BEACH FL	33442	1.4 CITY - ST - ZIP		
CITY-SI-ZIP TITLE	DECRIBED DESCRIPT	DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAMÉ		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		Parts	2 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3 1 1111.6		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 City - ST - ZiP		
CITY - ST - ZIP		DELETE	4 1 TILLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
DITY-ST-ZIP			4.4.CITY - ST - ZIP		Change Addition
THUE		DELETE	5 1 Tille		C Orderige C Mad Refit
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 City - St - ZiP		
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
21 310			€ 4 CITY - S1 - ZIP	for the exemption stated in Section 1	19 07/3/k) Florida Statutos I further
1.4 Ldc borok	weadifulthat the information supplier	d wath this blind is valuritably furni	sheu and does not qualify.	for the exemplify stated in Section 1.	rotor follige i ronou ottitutos, tetrantis

SIGNATURE:

I 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 receiver or trustee empowered to execute this report is 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAM HEDGETS