SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FRANKTATE: \$375.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1

Principal Place of Business Mailing Address

FILED 97 JAN 21 AH 7: 33

SHUNETARY OF STATE TALLAHASSEE, FLORIDA

2062	22 BiscayneBlud 20022 Biscayne Blud				4	
N.Mia	ami Beach, Fl. N. Manie Beach, Fl			· [		
33180 331				0	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	race of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65 0500 716	Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23	é	City & State 28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Coun	try	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	==1		Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  15. Carrier 11. Carrier 12. Name						
4. Grant J. Smith, Esq.				14ai ile		
110	110 SE Without 20th 2			82 Street Address (P.O. Box Number is Not Acceptable)		
The 10 de				83		
U.Grant J. Smith, Esq. 110 SE 6th st. 28th Zl. Ft. Lauderdale, F1.			'	23		
	33	301		34 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607, 202 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of the provisions of Sections 607, 202 and 607, 1508, Florida Statutes by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment and the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registere						
	Signature, type the proced most cyruge to ed agent	and in it applicable (NO	OTE: Registered	Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	President	DELETE	1 1 TITL	E		Change Addition
NAME	Lauren Ann Sm	nth	1.2 NAN	16		
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STREET DORESS			5.3 STR	EET ADDRESS	PA A NO	·
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NAME			62 NAN	ne l	- 1	_
STREET ADDRESS			63 STR	EET ADDRESS		i
CITY-ST-ZIP				'-ST-ZIP		I
	by certify that the information supplied	with this filipp is voluntarily t			fu for the exemption stated in Section 1	19 07/3Vk) Florida Statutes I

further certify that the information indicated on this annual report or supplemental annual report is true and that my signature shall have the same legal effect as if made under each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Gift Baskets • Gourmet Coffee • Speciality Chocolates
Healthy Gourmet Alternatives

Oct 2, 1994

To whom it may concern:

I am returning the 1996 Projet Corporation annual Report along with this letter stating that I had never received an origional or second notice of the annual report, and had to request one to be sent to my pome address to be completed. Please reinstate my corporation and I'm sorry for the delay or the mix up. Enclosed, also is the filing yee of #225.00.

Shank you Laurensmith President