

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000079359 (3)**

1. Corporation Name

A BASKET FULL, INC.



Principal Place of Business

**360 MINORCA AVENUE
CORAL GABLES FL 33134
US**

Mailing Address

**360 MINORCA AVENUE
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **110 VALENCIA AVENUE**

26 **110 VALENCIA AVENUE**

4. FEI Number
65-0529927

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **CORAL GABLES FL**

28 **CORAL GABLES FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 **33134** 25 **US**

29 **33134** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALTOSINO, PATRICIA M
360 MINORCA AVE.
CORAL GABLES FL 33134**

81 Name **ALTOSINO, PATRICIA M.**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **110 VALENCIA AVENUE**

84 City **CORAL GABLES**

85 **FL 33134**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ALTOSINO, PATRICIA M**
STREET ADDRESS **360 MINORCA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **110 VALENCIA AVENUE**
1.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPD** ☐ DELETE
NAME **SASTRE, COLLEEN A**
STREET ADDRESS **360 MINORCA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **110 VALENCIA AVENUE**
2.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE: **X Patricia M. Altosino X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

X 305 567-1960

Daytime Phone #

CR2E034 (12/95)