

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000034535 (1)**

1. Corporation Name

**MARLEE'S INTERNATIONAL GIFT BASKETS INC.**



Principal Place of Business

**4355 NW 6TH ASVE  
POMPANO BEACH FL 33064**

Mailing Address

**4355 NW 6TH ASVE  
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified  
**04/27/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4355 NW 6th Avenue**

26 **4355 NW 6th Avenue**

4. FEI Number  
**65-0578204**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

City & State

City & State

23 **Pompano Beach, Florida**

28 **Pompano Beach, Florida**

Zip

Country

Zip

Country

24 **33064**

25 **Broward**

29 **33064**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEARSON, LORNA  
4355 NW 6TH ASVE  
POMPANO BEACH FL 33064**

81 Name **Lorna Pearson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4355 NW 6th Avenue**

83

84 City

**Pompano Beach**

**FL**

85 Zip Code  
**33064**

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

*Lorna Pearson*

**Lorna Pearson**

**04-16-96**

Signature typed or printed name of registered agent and listed applicant

(for use: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☐ DELETE  
NAME **Lebert Tyndale**  
STREET ADDRESS **140 Royal Pine Circle West**  
CITY-STATE-ZIP **Royal Palm Bch, Florida 33411**

TITLE **Director** ☐ DELETE  
NAME **Beverley Tyndale**  
STREET ADDRESS **140 Royal Pine Circle West**  
CITY-STATE-ZIP **Royal Palm Bch, Florida 33411**

TITLE **Director** ☐ DELETE  
NAME **Lorna Pearson**  
STREET ADDRESS **4355 NW 6th Avenue**  
CITY-STATE-ZIP **Pompano Bch, Florida 33064**

TITLE **Director** ☐ DELETE  
NAME **Nicole Pearson**  
STREET ADDRESS **4355 NW 6th Avenue**  
CITY-STATE-ZIP **Pompano Bch, Florida 33064**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

*Lorna Pearson*

**Lorna Pearson**

**04-16-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)