

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 AVENUE  
POMPANO BEACH FL 33064

Mailing Address

4355 NW 6TH AVENUE  
POMPANO BEACH FL 33064-2555

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 4355 NW 6TH AVENUE

Suite, Apt. #, etc.

22

City & State

23 POMPAO BCH. FLORIDA

Zip

Country

24 33064

25

BROWARD

2a. Mailing Address

26 4355 NW 6TH AVENUE

Suite, Apt. #, etc.

27

City & State

28 POMPAO BCH. FLORIDA

Zip

Country

29 33064

30

BROWARD

4. FEI Number

65-0578204

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

PEARSON, LORNA

82

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

4355 NW 6TH AVENUE

83

84

City

POMPANO BCH

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 - Director

01-28-97

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TYNDALE, LEBERT	
STREET ADDRESS	140 ROYAL PINE CIRCLE WEST	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYNDALE, BEVERLEY	
STREET ADDRESS	140 ROYAL PINE CIRCLE WEST	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSON, LORNA	
STREET ADDRESS	4355 NW 6TH AVENUE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSON, NICOLE	
STREET ADDRESS	4355 NW 6TH AVENUE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

01-28-97 (954)785-1464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0148210

CR2E034 (9/96)