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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000095257 (8)

EXQUISITE BASKETS, INC.

Principal Place of Business		Mailing Address			d tegerage fein immen drint amer amer mitte feist mitte siede mitte siede mitte		
5929 PINEBROOK RD BOCA RATON FL 33308		5929 PINEBROOK RD BOCA RATON FL 33366					
DOON HATOH	33433	334	33				
					3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last I 04/25/1996	Report
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0625372		lot Applicabl
Suite, Apt	#, etc.	Suite, Apt #, etc.			6. Certificate of Status Desired	7	Additional lequired
City & Stal	e	City & State			6. Election Campaign Financing	····.	<u></u>
3		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
71P 33	433 Country	<sup>219</sup> 33433	Country 30		8. This corporation has liability for in	intangible tax under s	199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
ALE	XANDER, STEPHEN		81	Name			
5929 PINEBROOK DR BOCA RATON FL 33433			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
600	A RATOR PL 33433		83				
			84	City		FL 85 Zip	Code
11. Parsuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	es. the abov	e-named cor	rporation submits this statement for the p	ouroose of changing	its registere
office or r agent. La	egistered agent, or both, in the Stat m familiar with, and accept the obli-	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized by orida Statute	y the corpora s.	ation's board of directors. I hereby accep	of the appointment as	s registered
SIGNATURE							
SIGNATION	Signature, typied or printed name of registered as	gent and title if applicable (NOI	E Registered Age	ent aignature requ	ured when reinstating)	DATE	
	Signature, typied or printed name of registered as OFFICERS At	gent and title if applicable (NOT ND DIRECTORS	E Registered Age	ent aignature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	OFFICERS AN			ent signature requ			
12.	OFFICERS AND PALEXANDER, DORYLEE	ND DIRECTORS	13.	ent aignature requ		CERS AND DIRECTO	
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**SIGNATURE:** 

appears in Block 12 or Block 13

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Secretary of State

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