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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000004644 (6)

1. Corporation Name  
CARBON & RAFFIA GIFT BASKETS, INC.



Principal Place of Business: P.O. BOX 4499, TEQUESTA FL 33469  
Mailing Address: P.O. BOX 4499, TEQUESTA FL 33469-9499

3. Date Incorporated or Qualified: 01/11/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0643638  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. [Blank]; 22 City & State [Blank]; 23 Zip [Blank]; 24 Country [Blank]  
2a. Mailing Address: 26 Suite, Apt. #, etc. [Blank]; 27 City & State [Blank]; 28 Zip [Blank]; 29 Country [Blank]

9. Name and Address of Current Registered Agent  
SAPIR, M. RICHARD  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name: SAPIR, M. RICHARD  
82 Street Address (P.O. Box Number is Not Acceptable): 222 LAKEVIEW AVE STE, 1400  
83 [Blank]  
84 City: WPB, FL; 85 Zip Code: 33401

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] DATE: [Blank]  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VELINSKY, KAREN	
STREET ADDRESS	P.O. BOX 4499	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

VELINSKY, KAREN  
9954 SE Mahogany Way  
Tequesta, FL 33469

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: [Signature] 2/10/97 (561) 746-3503

CR2E034 (9/96)