

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000064323 (4)**

1. Corporation Name  
**UNIQUE GIFTS & BASKETS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**16306 BIRKDALE DRIVE ODESSA FL 33556**

Mailing Address  
**16306 BIRKDALE DRIVE ODESSA FL 33556**

3. Date Incorporated or Qualified  
**08/01/1996**

2. Principal Place of Business  
 21 [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ]

2a. Mailing Address  
 26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

4. FEI Number  
**59-3392141**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22 [ ] 27 [ ]

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

City & State  
 23 [ ] 28 [ ]

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

Zip Country  
 24 [ ] 25 [ ] 29 [ ] 30 [ ]

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LATKOVICH, PAULA J  
 16306 BIRKDALE DRIVE  
 ODESSA FL 33556**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 [ ]  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATKOVICH, PAULA J</b>	1.2 NAME	
STREET ADDRESS	<b>16306 BIRKDALE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, DAWN E</b>	2.2 NAME	
STREET ADDRESS	<b>1303 VERMONT AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_ DATE \_\_\_\_\_  
*Paula J. Latkovich* **4/26/98**

CR2E034 (10/97)