

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90010 048 ***150.00
09-09-1999 90001 028 ***400.00

DOCUMENT # **P96000083951**
Corporation Name

THE BASKET GOURMET COMPANY

Principal Place of Business Mailing Address
18 SW 83RD PL 18603 SW 83RD PL
MIAMI FL 33157 MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0707433	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TRUSCELLO, KATHY 18603 SW 83RD PL MIAMI FL 33157				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
PSTD <input type="checkbox"/> DELETE TRUSCELLO, KATHY 18603 SW 83RD PL MIAMI FL 33157		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			

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, and that my signature is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.