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

PROFIT . CORPORATION **ANNUAL REPORT** 1997



Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000092077 (2)

PALM BEACH GIFTS & BASKETS, INC.



97 SEP 29 AM 11: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| | | | | 1: | 119(|
|---|--|--|---------------------|--|--|
| Principal Place 8902 Null F SUITE 442 PALLE BEACH | | Mailing Address 8902 W MILITARY TRAIL SUITE 112 PALM BEACH GARDENS FL | 33410-6249 | | |
| | | | | 3. Date Incorporated or Qualified 11/07/1996 | 3a. Date of Last Report |
| L ' | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 1200 | Old Dixie Hwy. | 26 1200 Old D | ixie Hwy. | 65-6722706 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 Suite #7 27 Suite | | | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | | City & State | | 6. Election Campaign Financing | \$5.00 May Be • |
| | Park, FL | 28 Lake Park, | FL | Trust Fund Contribution | Added to Fees |
| Zip 24 3340 | Country Palm Bch | Zip 29 33403 | Country Delm Bc | 8. This corporation has liability for Florida Statutes | Intangible tax under s. 199.032, Yes X No |
| =:1 | 9. Name and Address of Current | | 1 | 10. Name and Address of New Re | |
| LUTON, LYDIA L. Luto N | | | | | |
| 890 | MILITARY TRAIL | | | | |
| SUITE AT | | | | ddress (P.O. Box Number is Not Acceptal D 01d Dixie Hwy., S | ble) |
| | M BEACH GARDENS FL 33410 | | 83 | | uite / |
| | | | | | |
| | | | 84 City Lake | Park, | FL 85 Zip Code 33403 |
| 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 Jamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE Bignature repeated plante of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE DATE | | | | | |
| 12 | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TILE | D,P, S, Lydia L. Luton | DELETE | 1.1 TITLE | | Change Addition |
| NAME | Lydia L. Luton | | 1.2 NAME | | - |
| STREET ADDRESS | 1200 Old Dixie Hwy. | | 1.3 STREET ADDRESS | | |
| CITY-SI-ZIP | Lake Park, FL 3340 |)3 | 1.4 CITY-ST-ZIP | ł· | |
| TITLE | D | DELETE | 2.1 TITLE | D.T.VP | Change Addition |
| NAME | , | | 2.2 NAME | JENNIFER C. MORAN | / |
| STREET ADDRESS | ूर्ट इंट | | 2.3 STREET ADDRESS | 2526 CANTERBURY DRIVE | NORTH |
| CITY-ST-ZIP | · • • • • • • • • • • • • • • • • • • • | • | 2. 4 CITY-ST-ZIP | WEST PALM BEACH, FL 3 | 3407 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | 22000002230 | 39122-4 |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 2000023 <u>(</u> -10/01/97 | 01035009 |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 City-St-ziP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | () (11) | (AA) |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | w |
| TITLE | | ☐ DELETE | 6.1 TITLE | al | Change Addition |
| NAME | | | 6.2 NAME | 91. | <i>19197</i> |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | γ | |
| CITY-ST-ZIP | and the state of t | - 151 'S1' ' ' 24' | 6.4 CITY - ST - ZIP | | |

I do hereby certify that the information supplied with this fitting 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.