SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

1200 OLD DIXIE HWY.

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

1200 OLD DIXIE HWY.



FLORIDA DEPARTMENT OF STATE

Sar**a'a** B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Oct 06 1998 8:00am Secretary of State



DOCUMENT # 1. Corporation Name	P96000092077	(2)			
PALM BEACH GIFTS & BASKETS, INC.					

SUITE 7 LAKE PARK FL	27402	SUITE 7 LAKE PARK FL 33403			DO NOT WRITE IN THIS SPACE	
US	30400	US			3. Date Incorporated or Qualified	
					11/07/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-6722706 Not Applicabl	le
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional	
22	- -	27			Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	0		Trust Fund Contribution L Added to Fees	
Zip	Country	Zipi	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 9. Name and Address of Current		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
11177	ON, LYDIA L	registered Agein	81	Name	10. Halilo dila Adarsas di Itali Hagista da Ma	
	OLD DIXIE HWY					.
STE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	PARK FL 33403		83			
LANE	- 1 Ank 1 2 33-103					
			84	City	FI 85 Zip Code	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508. Florida Statutos		named corpora	ation submits this statement for the purpose of changing its registered	
office or	regi ster ed agent, or both, in the State o am f am iliar with, and accept the obligat	of Florida. Such change wa s au	thorized by	the corporation	on's board of directors. I hereby accept the appointment as registered	
Ĭ	an iditinal with, and accept the civiga	10115 01, SECTION 007.0303, 1 101	ioa otniates			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Ac	ent signature reque	red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THLE	DPS	DELETE	1.1 TITLE		Change Additio	'n
NAME	LUTON, LYDIA		1.2 NAME			
STREET ADDRESS	1200 OLD DIXIE HWY #7		1.3 STREET A	ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403	<u></u>	1.4 CITY-ST-	ZIP		
TITLE	DTVP	DELFTE	2 1 117LE		Change Additio	'n
NAME	MORAN, JENNIFER C	~ 1	2 2 NAME		20000255 <i>772</i> 25 -19/97/8801060 0 08	
STREET ADDRESS	2526 CANTERBURY DRIVE NOR	IH.	2 3 STREET /	j	***\$58.00	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-S1-	ZIP		
TITLE		DELETE	3.1 TITLE		Change Additio	'n
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET /	i	1	
CITY-ST-ZIP TITLE		DELFIE	3.4 CITY-S1- 4.1 TITLE	ZIP	······································	<u> </u>
NAME		LIDERFIE	4.2 NAME		Lijenange Lij Adhillo	n
STREET ADDRESS			4.3 STREET	ADDDECC	4/10/6	
CITY-ST-ZIP			4.3 STREET			
TITLE		DELETE	5.1 TITLE	ZIP	☐ Change ☐ Additio	
NAME.		L. TUELETE	5.2 NAME		LJ Cdange LJ Additio	"
STREET ADDRESS			53 STREET	ADDRESS		
CHY-ST-ZIF			5.4 CITY-S1-			
TITLE		DELETE	6.1 7 ITLE		Change Additio	,n
NAME		[] DECETE	6.2 NAME		E Ottange E Violité	"
STREET ADDRESS			6.3 STREET	ADDRESS		į
CITY-ST-ZIP			6.4 CITY-ST-			
						[

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.