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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000001605 (9) **DOCUMENT #**

A GIFT BASKET CONNECTION, INC.

Principal Place of Business Mailing Address 4139 SHADY OAKS COURT 4139 SHADY OAKS COURT SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 2a. Mailing Address

## **FILED** Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1997 4. FEI Number Applied For EIN# 65-0728206 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OBERHOFF, LAURIE K 4139 SHADY OAKS COURT Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 84 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 XXXIII. Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE AURIG OBOLLOFF DELETE Change Addition NAME PLES IDON'T 1.2 NAME 4139 SHADY PARS CT STREET ADDRESS 1.3 STREET ADDRESS SAKASOTA FL 34233 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition SECRETARY Change TITLE 2.1 TITLE dung objekted f NAME 2.2 NAME 4139 5HADY BANKS CT STREET ADDRESS 2.3 STREET ADDRESS 34233 CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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, you an attachment with an address.

SIGNATURE: 🕹

(941)378-5717