

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

FILED  
May 08 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 # P97000036935 (9)

1. Corporation Name

HEART TO HEART BASKETS, INC.



Principal Place of Business

1571 HAMMOCK LANE  
PEMBROKE PINES FL 33026

Mailing Address

1571 HAMMOCK LANE  
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 1530 NW 109 TERRACE  
Suite, Apt. #, etc.

2a. Mailing Address

26 1530 NW 109 TERRACE  
Suite, Apt. #, etc.

City & State

23 PEMBROKE PINES, FLA.

City & State

28 PEMBROKE PINES, FLA.

Zip

24 33026

Country

25 U.S.A

Zip

29 33026

Country

30 U.S.A

9. Name and Address of Current Registered Agent

CRUZ, JOANNE C  
1571 HAMMOCK LANE  
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

CRUZ, JOANNE C

82 Street Address (P.O. Box Number is Not Acceptable)

1530 NW 109 TERRACE

83

84

PEMBROKE PINES

FL

85

Zip Code  
33026

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 607.0508, Florida Statutes.

SIGNATURE

*Joanne C. Cruz*  
Signature, typed or printed name of registered agent and title if applicable.

*Joanne Cruz President*

*4-25-98*  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
CRUZ, JOANNE C  
STREET ADDRESS 1571 HAMMOCK LANE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE  
NAME D  
CRUZ, RICHARD F  
STREET ADDRESS 1571 HAMMOCK LANE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D  
CRUZ, JOANNE C  
1.3 STREET ADDRESS 1530 NW 109 TERRACE  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33026

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D  
CRUZ, RICHARD F  
2.3 STREET ADDRESS 1530 NW 109 TERRACE  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33026

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

*Joanne Cruz*

*4-25-98 (954) 450 0765*

CR2E034 (10/97)