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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000062346 (6)

**BOCA BASKETS OF GIFTS, INC.** 

## FILED Apr 21 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		18 11888 111	# 01010 01 1 1001	
301 S. FEDEI	ral Highway	301 S. FEDERAL HIGHW	/AY					
BOCA RATOR		BOCA RATON FL			DO NOT WRITE IN THIS	CDACE		
					3. Date Incorporated or Qualified	OFACE		
					07/17/1997			
	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For	
21 4199	N. Dixie Huy.		Dix.e	Hwn	65-0789999	<u> </u>	Not Applicable	
Suite, Apt.	#, OIC.	Suite, Apt. #, etc.	·			\$8.7	75 Additional	
22 Un	i <del>)</del>	27 Unit 5			5. Certificate of Status Desired		e Required	
City & Stat		City & State	_	<u></u>	6. Election Campaign Financing	\$5.	00 May Be	
	Raton FL	28 Boca Rai		f L	Trust Fund Contribution	Add	ded to Fees	
Zip 24 3343	Country 25 U.S.A	7ip 29 <b>3743</b> 1	Count	SA.	8. This corporation owes or has paid the cur	_ ′		
24 00 10	9, Name and Address of Currer		[30] U		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes	No No	
DV			В	1 Name	10. Name and Address of New Registered	Agent		
PTC, INUMAS O ESU.								
2787 E. OAKLAND PARK BLVD. SUITE 301				2 Street Add	fress (P.O. Box Number is Not Acceptable)			
	LAUDERDALE FL 33018		8	3				
l '''	DADDENDACE TE GOOTG		L.					
			8	4 City	FL	85 2	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the abo	ve-named con	possition authorite this statement for the pursues of	f changir	na its reaistered	
office of r	egistered agent, or both, in the State im familiar with, and accept the oblig-	of Florida, Such change was	authorized t	ov the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment	i as registered	
SIGNATURE			onea Diata	30.				
SIGNATORE	Signature, typind or printed name of reguleric diags	ot and title if applicable (NO)	It: Registered A	gent signature requi	ired when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC'	FORS IN 12	
TITLE	PSTD	LI DELETE	1.1 TITLE	l		Chan	ige 🔲 Addition	
NAME	THATCHER, SHAWN		1.2 NAME					
STREET ADDRESS	301 S. FEDERAL HIGHWAY		1.3 STREE	:1 ADDRESS				
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	1.4 C/TY-	ST-ZIP		1 8		
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City-St-Zip			0.000000000	1.40000000				
TITLE				1 ADDRESS				
		DILETE	2. 4 CITY			Chan	ge Addition	
NAME		□ DITETE	2. 4 CITY 3.1 TITLE	- ST - ZIP		Chan	ge Addition	
		☐ OÏ ( €TE	2. 4 CITY 3.1 TITLE 3.2 NAME	- \$1 - Z(P		Chan	ge Addition	
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·		☐ DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME	ST-ZIP  T ADDRESS		☐ Chan		
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14. Thereby certify that he information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied by 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 comporation of the recover or director of the comporation of the recover or director. I be supplied by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only in alfactment with an adject.