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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074436

1. Corporation Name

BOXES, BASKETS, & BEYOND, INC.

Principal Place of Business	Mailing Address			
CHENEY HIGHWAY	344 CHENEY HIGHWAY TITUSVILLE FL 32780			

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90088 001 ***150.00

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incipal Place of Business Mailing Address									
CHENEY H	IGHWAY	344 CHENEY HIGHWAY							
		TITUSVILLE FL 32780					DO NOT WRITE IN TH	IC COACE	
						-	DO NOT WRITE IN TH	SPACE	
						3	Date Incorporated or Qualifed 08/26/1997		
Data stated D	Into of Duginose	2a. Mailing Address	_				FEI Number		pplied For
Principal P	lace of Business	⊢				7	59-3468594		ot Applicable
Suite Ant	# 010	Suite, Apt. #, etc.				+			Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5	. Certifcate of Status Desired	Fee Required		
City & Stat	е	City & State				-	. Election Campaign Financing	\$5.00	May Be
J., a J.,	•	28				"	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		8	. This corporation owes the current year	Intangible	
	25	29	30				Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curre		<u></u>			10	. Name and Address of New Registere	d Agent	
				81	Name				
KER	esey, mark a			82	Ctennet Add	(P.O. Box Number is Not Acceptable)		
3370	GREENVILLE ST.			02	Street Add	iress (P.O. Box Number is Not Acceptable)		
C O C	OA FL 32926			83				_	
				Ш					
				84	City		F	85 Zip	Code
i. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove	named cor	poration	on submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was :	authonzed	1 hv t	he comoral	tion's b	poard of directors. I hereby accept the app	oontment as re	egisterea
-	m lamiliar with, and accept the oblig	audits 01, 0000011 001.0000, 1 1	01100 0101	u					
CHATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent	signature requi	red when	reinstating) DATE		
i.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
	P	☐ 0ELETE	1.1 Τ	ΤLE				☐ Change	Addition
	KERSEY, MARK A		1.2 N	AME					
1 AD1881 \$5	3370 GREENVILLE STREET		1.3 \$	TREET.	ADDRESS				
ST ZIP	COCOA FL 32926		14 C	rry-st	ZIP				
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	KERSEY, EILEEN S		2.2 N	AME					
- LADOU 55	AATA ORECLAMILE OTREET				ADDRESS				
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		 -	3.2 N						
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: #2322 : 22					ADDRESS		•		
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	}		# 60 N						
			6.2 N]				
: AIRRG (E)			6.3 \$		ADDRESS				

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, with all other like empowered.



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