Apr 20, 1999 8:00 am Secretary of State

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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 # P98000081537

BASKETS & BUCKETS MARKET PLACE, INC.

	•									
Principal Place of Business Mailing Address						- 1 1981/341 110 18101 (814) 06144 08141 1	18:11 48 191 1	BIBL HARL RIID	. (161) 1 86) (84)	
9201 E BAY H	ARBOR DR. UNIT #5	9201 E BAY HARBOR DR. UNIT #5								
	ISLANDS FL 33154	BAY HARBOR ISLANDS FL 33154			DO NOT WRITE IN THIS SPACE					
	•	•				3. Date Incorporated or Qualifed	IN THIS S			
-	e dan di emma	. * • • • • • • • • • • • • • • • • • •	<u>-</u> -			09/17/1998	- +	5 , · · ·		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		I An	plied For	
21	iace of Dusiliess	26				65-0864723			t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75		
22		27			5. Certifcate of Status Desired	J	Fee Re	equired		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Count			8. This corporation owes the current year Intangible		ngible	۸.	
24	25	29	30			Personal Property Tax.		☐ Yes	DNo_	i
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Reg	istered A	Agent		i
HUE	RLAND, JAMES A			81	Name					
	NW 165TH ST, PH 4		ţ	82	Street Addre	ess (P.O. Box Number is Not Acceptable	;)			1
	MI FL 33169							<u> </u>		i
MHAI	WH 1 E 35 103		Ì	83						i
				84	City			85 Zip	Code	
					<u> </u>	oration submits this statement for the pu	FL			i
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was a	uthorized	by t	the corporatio	n's board of directors. I hereby accept the	ie appoin	tment as re	gistered	i
SIGNATURE	Signature, typed or printed name of registered ager	t and title of conticable (NOTE:	Penietered	Agent	t signature required	(when reinstation)	DATE	_		-
12.	OFFICERS AND DIRECTORS								RS IN 12	٥
TITLE	PD	☐ DELETE	1.5 TIT	LE				☐ Change	Addition	3
NAME	BERMINGHAM, DEANNA		1.2 NAME		-					
STREET ADDRESS	AND THE PARTY OF THE PARTY OF		REET	ADDRESS					Ì	
CITY-ST-ZIP	BAY HADDOD IOLANDO EL COLEA		1.4 CIT	Y-ST	r-ZIP					Š
TITLE	STD □ DELETE 2.1 TI		LE.				☐ Change	☐ Addition	(
-NAME	- BERMINGHAM, SCOTT 221			MΈ				- +-		_
STREET ADDRESS	ess 9201 E BAY HARBOR DR, UNIT #5			REET	ADDRESS					ı
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154 2.4		2. 4 CI	TY-S	T-ZIP			1		ļ
TITLE	☐ DELETE 3.1 T			LE				☐ Change	Addition	l
NAME	32N			ME						l
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CITY-ST-ZIP	3.4. C			TY-\$	T- ZIP					i
πLE	☐ DELETE 4,1 TRI			LΕ				Change	☐ Addition	ł
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STREET ADDRESS	ss 4.3 ST			REET	ADDRESS .					1
CITY-ST-ZIP	4.4 CF			_	r-zip					i
TITLE DELETE 5.1 TIT						•		Change	☐ Addition	l
NAME	5.2 N		ME				r.		i	

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 comporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the comporation or the recei Block 12 or Block 13 if changed, or on an attag

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

Change

■ Addition