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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000083833

1. Corporation Name

MERRYMAKER BASKETS & GIFTS, INC.

Principal Place of Business

7501 SW 127TH STREET
PINECREST FL 33156

Mailing Address

7501 SW 127TH STREET
PINECREST FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1998

4. FEI Number

65-0865060

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9824 S.W. 77th Ave

Suite, Apt. #, etc.

22

City & State

23 pinecrest FL

Zip

24 33156

Country

2a. Mailing Address

26 12840 SW 69CT

Suite, Apt. #, etc.

27

City & State

28 pinecrest FL

Zip

29 33156

Country

30

9. Name and Address of Current Registered Agent

KATSIKOS, YOKO K
7501 SW 127TH STREET
PINECREST FL 33156

10. Name and Address of New Registered Agent

81 Name

KATSIKOS, YOKO K

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

12840 S.W. 69CT

83

84 City

Pinecrest

FL

85 Zip Code

33156

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DPT
NAME KATSIKOS, YOKO K
STREET ADDRESS 7501 SW 127TH STREET
CITY-ST-ZIP PINECREST FL 33156

TITLE DVPS
NAME MULLINS, JOY S
STREET ADDRESS 19900 SW 316TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030

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 DPT ☒ Change ☐ Addition
1.2 NAME KATSIKOS YOKO
1.3 STREET ADDRESS 12840 SW 69th CT.
1.4 CITY-ST-ZIP Pinecrest, FL 33156

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (305) 598-4088

CR2E034 (11/98)