## 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 # P98000084147

1. Corporation Name

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90249 018 \*\*\*150.00

THE PER	RFECT BASKET, INC.						
Principal Plac	e of Business	Mailing Address			i cantdar tib ikini lätti natir golli betti	AMINI HASIL ALBAL HIN	nt <b>g</b> tatt 1 <b>60) (88)</b>
6455 NORTHWI	EST 98TH LANE	6455 NORTHWEST 98TH LA	NE				
PARKLAND FL 33076 PARKLAND FL 33076					DO NOT WORK IN	THE COACE	
					DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE	
					09/30/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26 26					65-02466934	1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				·		\$8.75	Additional
					5. Certifcate of Status Desired	Fee F	Required
22 27 27 City & State City & State					6. Election Campaign Financing	\$5.0	May Be
23 28			_		Trust Fund Contribution	Added	d to Fees
Zíp Country Zíp			Country		<ol><li>This corporation owes the current ye</li></ol>		<b></b>
24	25	29	30		Personal Property Tax.	[] Yes	Mo
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Regist	ered Agent	
AMPDILAMA/ED				Name			
AMERILAWYER				Street Add	ress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE							
CUF	RAL GABLES FL 33134		83				
			84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				_		FL (83) 21	
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13.	it signature requir	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
TITLE	PSD	DELETE				Change	e
NAME	MENCARELLI, ANDREA		1.2 NAME				
STREET ADDRESS		E	1.3 STREE	TADDRESS			
CITY-ST-ZIP	PARKLAND FL 33076		1.4 CITY- \$	T-ZIP		E365	- Dadding
TITLE	VTD □ DELETE		2.1 TITLE			Change	e 🗌 Additio
NAME	MENCARELLI, WILLIAM T	_	2.2 NAME				
STREET ADDRESS	f .	E	2.3 STREE	TADDRESS			
CITY-ST-ZIP	PARKLAND FL 33076		2. 4 CITY-	ST-ZIP		[ ] Change	e Addition
TITLE		DELETE	3.1 TITLE			[] Onally	
NAME			3.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-5	51-ZIP		☐ Change	e Addition
TITLE		ال المداد		-			
NAME			4. 2 NAME	T ADDRESS			
STREET ADDRESS			4.3 STREE	}			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-2IF		Change	e Addition
			5.2 NAME			- •	<del></del>
NAME ethert appress			4	TADDRESS			
STREET ADDRESS			54 CITY-S	l l			
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE			Change	e Additio
NAME		<b>—</b> • •	f	- 1			
- WHITE			6.2 NAME				
STREET ADDRESS			1	T ADDRESS			

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, with all other like empowered.