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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$03642

(3)

SEALED WITH A KISS GIFT BASKET, INC. Principal Place of Business Mailing Address 1075 CAPISTRANO 1075 CAPISTRANO FT LAUDERDALE FL 33326-2900 FT LAUDERDALE FL 33326 Date Incorporated or Qualified 3a. Date of Last Report 10/03/1990 08/12/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0218868 21 26 Not Applicable Surte, Apt. #, etc Suite Apt #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 2mCountry Ζίρ This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAFLER, RONALD 1075 CAPRISTRANO 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33326 83 84 City 85 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSD DELETE Change 1.1 TITLE TiTL8 HAFLER, RONALD 1.2 NAME NAME 1075 CAPISTRANO STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP __ DELETE Change Addition VID 2.1 TITLE TITLE HAFLER, SUSAN 2.2 NAME NAM: 1075 CAPISTRANO 2.3 STREET ADORESS STREET ADDRESS FT LAUDERDALE FL CITY - \$1 - 21 2 4 CITY-ST-ZIP DELETE Change Addition mu 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-51 DELETE 5.1 TITLE Change Addition 11"1.6 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS

14. I do 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

61 TITLE 62 NAME

DELETE

SIGNATURE:

CITY ST-ZIP

STREET AUDRESS

THILE

NAME

4/25/17 954-

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone #

Change

0286593

Addition

CR2E034 (9/96)