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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S92363

1. Corporation Name
SURPRISE GIFT BASKETS, INC.

Principal Place of Business	Mailing Address
~~OAKBROOK SHOPPING CENTER~~ ~~2491 MCMULLEN BOOTH ROAD, SUITE 2~~ ~~CLEARWATER FL 34619~~	~~OAKBROOK SHOPPING CENTER~~ ~~2491 MCMULLEN BOOTH ROAD, SUITE 2~~ ~~CLEARWATER FL 34619~~

DO NOT WRITE IN THIS SPACE

5035 Edgewater Lane

2. Principal Place of Business
21 Suite, Apt. #, etc.
22
23 City & State: Oldsmar FL
24 Zip: 34677 25 Country: USA

2a. Mailing Address
26 3340 Ashley Oak Ct.
27 Suite, Apt. #, etc.
28 City & State: Cumming, GA
29 Zip: 30041 30 Country: USA

3. Date Incorporated or Qualified: 11/06/1991
4. FEI Number: 59-3091779 ☐ 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

9. Name and Address of Current Registered Agent

~~BACHTELER, CHARLES J. JR.~~ 5035 Edgewater Ln
~~OAKBROOK SHOPPING CENTER~~
~~2491 MCMULLEN BOOTH ROAD, SUITE 2~~
~~CLEARWATER FL 34621~~ OLDSMAR, FL. 34677

10. Name and Address of New Registered Agent

81 Name: CHARLES J. BACHTELER, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5035 EDGEWATER LANE
83
84 City: OLDSMAR FL 85 Zip Code: 34677

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BACHTELER, CHARLES J. JR		1.2 NAME		
STREET ADDRESS	~~4053 EDGEWATER LANE~~		1.3 STREET ADDRESS	3340 ASHLEY OAK CT.	
CITY-ST-ZIP	~~OLDSMAR FL~~		1.4 CITY-ST-ZIP	Cumming, GA 30041-5625	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BACHTELER, PATRICIA M.		2.2 NAME		
STREET ADDRESS	~~4053 EDGEWATER LANE~~		2.3 STREET ADDRESS	3340 ASHLEY OAK CT.	
CITY-ST-ZIP	~~OLDSMAR FL~~		2.4 CITY-ST-ZIP	CUMMING, GA 30041-5625	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE: [signature] REQUIRED 4/2/99 678-947-4139
SIGN THIS AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/98)