FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

12: 47

STATE FLORIDA

DOCUMENT # **V67998** **(7)**

1. Corporation Name

ABERCROMBIE'S BASKETS & FOLIAGE, INC.

Principal Place of Business	Mailing Address
288 SMITH SUNDY ROAD SUITE Z DELRAY BEACH FL	288 SMITH SUNDY ROAD SUITE Z DELRAY BEACH FL 33446 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1992	3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0371124	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21: 288 Z SMITH SUNDY Rd
22: Suite, Apt. #, etc.
23: DELRAY BEACH FLORIDA
24: 33446
25: County

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S.
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE FL 33394-3079

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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: (Typed or printed name of person signing) (Title) (Registered Agent's signature, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	81 TITLE	☐ Change ☐ Addition
NAME	WOLF, STEVEN	82 NAME	
STREET ADDRESS	288 SMITH SUNDY ROAD	83 STREET ADDRESS	288 Z SMITH SUNDY ROAD
CITY-ST-ZIP	DELRAY BEACH FL	84 CITY-ST-ZIP	DELRAY BEACH FLORIDA 33446
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	
TITLE		101 TITLE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY-ST-ZIP		104 CITY-ST-ZIP	
TITLE		111 TITLE	☐ Change ☐ Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY-ST-ZIP		114 CITY-ST-ZIP	
TITLE		121 TITLE	☐ Change ☐ Addition
NAME		122 NAME	
STREET ADDRESS		123 STREET ADDRESS	
CITY-ST-ZIP		124 CITY-ST-ZIP	
TITLE		131 TITLE	☐ Change ☐ Addition
NAME		132 NAME	
STREET ADDRESS		133 STREET ADDRESS	
CITY-ST-ZIP		134 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Steven Wolf — 4/26/95 — 407.496.1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434200 FP