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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

10043 E ADAMO DRIVE Tampa Fl 33619	10043 E ADAMO DRIVE TAMPA FL 33618-2619			
Principal Place of Business	Mailing Address			
THE FLOWER CART, INC.				
1. Corporation Name	(7)			

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9. Name and Address of Current Registered Agent

FILED Apr 10 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0365009

Not Applicable

08/05/1996

Yes 🔲 No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10/01/1987

59-2851971

Florida Statutes

FEI Number

SHEHAN, JUDY 10043 E. ADAMO DRIVE TAMPA FL 33618		81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
		82						
		83	83					
			-					
		84	City	FL.	85 Z	p 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, and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE								
			nt signatur	re required when reinstating) DATE				
12.		13.		ADDITIONS/CHANGES TO OFFICERS AND				
1111.6	· ·	.1 TITLE			L_] Chang	e Addition		
NAME		.2 NAME).				
STREET ADDRESS		3 STREET	address					
CHY-SI-7IP		4 CITY-S	T-ZIP					
THLE	P DELETE 2	.1 TITLE			Chang	e 🔲 Addition		
NAME	CRIBBS, MARTHA 2	2 NAME						
STREET ADORESS	5217 PALM RIVER RD. 2	.3 STREET	ADDRESS	· ·				
CI*Y-St-7iP	TAMPA FL 2	4 CITY-S	T-ZIP	1				
1111.8	☐ DELETE 3	1 TITLE			☐ Chang	e Addition		
NAME	3	2 NAME						
STREET ACCIDESS	3	.3 STREET	address			•		
CITY-ST-ZIP	3	4. City-s	T-ZIP	1				
1.114	☐ DELETE 4	.1 TITLE			Chang	e Addition		
NAME		2 NAME						
STREET ADDRESS	4	3 STREET	ADDRESS	1				
C-TY-S1-7IP	4	4 CITY-S	r- 21P	}.				
THILE		A TITLE)	Chang	je 🔲 Addition		
NAME	5	2 NAME						
STREET ADDRESS	5	3 STREE1	address	İ				
CHY-S1-ZIP	5	4 CITY-S	r-ZIP	ł.				
TILLE		6.1 TITLE			Chang	e Addition		
NAMÉ	6	6.2 NAME						
STREET ADORESS	1	3 STREET	ADDRESS	1				
CHY-S1-7iP		4 CITY - S						
14. I do heret	by certify that the information supplied with this filing does not qualify for t	he exe	mption :	stated in Section 119.07(3)(i), Florida Statutes. I further	certify th	nat 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 opanged, or on an attachment with an address.								

Country

81 Name

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