

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90159 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **L19724**

1. Corporation Name
MAIN STREAM FLORIST & GIFT SHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6610 E FOWLER AVE
 SUITE E
 TEMPLE TERRACE FL 33617
 US**

Mailing Address
**6610 E FOWLER AVE
 SUITE E
 TEMPLE TERRACE FL 33617
 US**

3. Date Incorporated or Qualified
10/02/1989

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.

4. FEI Number
59-2968467

Applied For
 Not Applicable

22 []
 City & State

27 []
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 []
 Zip Country

28 []
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 [] 25 [] 29 [] 30 []

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARREN, PATRICIA A
 6610 E FOWLER AVE
 SUITE E
 TEMPLE TERRACE FL 33617**

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 _____ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, PATRICIA A.	1.2 NAME	
STREET ADDRESS	11621 LELAND HAWES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, WALTER M.	2.2 NAME	
STREET ADDRESS	11621 LELAND HAWES RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *Patricia Warren* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **PATRICIA A. WARREN** 4-8-99 813-9895909
 Date Daytime Phone #

CR2E034 (1/98)