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PROFIT CORPORATION ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

## **FILED** Apr 27 1998 8:00am Secretary of State

	MING CRAZY FLORIST, INC	;. 		<u>.</u> .				
Principal Plac	e of Business	Mailing Address				., 8161 A1811 A1811	#1411 B1811 #18	17 WINII 1881
	INTER GARDEN RD	8844 OLD WINTE			1			
ORLANDO FL 32635-1231		ORLANDO FL 32635-1231			DO NOT WR	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifie	ıd		
					11/08/1989			
2. Principal P	ace of Business	2a. Mailing Addre	ss		4. FEI Number			plied For
21		26			59-2976592			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired		\$8.75 A	
City & State	9	City & State		<del>-</del>	6. Election Campaign Financing		\$5.00	<del>'</del>
23	•	28			Trust Fund Contribution	, LJ	Added I	
Zip	Country	Zip	Cou	ıntry	8. This corporation owes or has	paid the curr		
24	25	29	30		Personal Property Tax due Ju	ıne <u>30.</u>	Yes	No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	недівшісь г	igeni	
M	Jehlmeyer. Iringard M.			81 Name				
76	32 WARDEN DR			82 Street A	ddress (P.O. Box Number is Not Accep	table)		
OF	&ANDO FL 32811							
				83				
				84 City			85 Zip (	Code
						<u>FL</u>	'	
	טכט. ישט צווטווסטק וע צווטוצועטוע פויז טו			oove-nameu c	JOI DOI AUDIT SUDITIES THIS STATE THEFT FOR TH	e purpose or	changing is	s registered
	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida Such chang ations of, Section 607.0	e was authorize 505, Florida Sta	d by the corporation	corporation submits this statement for the oration's board of directors. I hereby ac-	cept the appo	ointment as	registered
SIGNATURE	Signature, typed or printiks runne of registered again	unt and little if applicable	(NOTE: Registere		equired when reinstating)	DATE		
SIGNATURE	Signature, typed or printing nume of registered agri OFFICERS AN	int and little if applicable D DIRECTORS	(NOTE: Registere	d Ageni signature r		DATE FICERS AND	DIRECTOR	S IN 12
SIGNATURE  12. TITLE	Signature, hypod or printes name of registered ago OFFICERS AN	unt and little if applicable ID DIRECTORS DELI	(NOTE: Registere 13.	d Agent signature r	equired when reinstating)	DATE FICERS AND		
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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 region or pursuese empowered to exocute 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 all achment with an address.

SIGNATURE: