FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L73896 AMBIANCE FLOWERS INCORPORATED Principal Place of Business Mailing Address % ALFRED B & EVELYN M LIMA % ALFRED B & EVELYN M LIMA 205 WORTH AVE 205 WORTH AVE TOO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualified 05/17/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For SWA HENOW ZOS SULLE 65-0202983 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ∏ No. 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LIMA, ALFRED B. LIMA, EVELYN M. Street Address (P.O. Box Number is Not Acceptable) 6915 LAKESIDE RD 83 WEST PALM BEACH FL 33411 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 TMLE NAME LIMA, EVELYN M 1.2 NAME STREET ADORESS 6915 LAKESIDE RD 1.3 STREET ADDRESS WEST PALM BCH FL CITY - ST- ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME LIMA, ALFRED B 2.2 NAME 6915 LAKESIDE RD 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE ☐ Change ___ Addition TITLE 4,1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information subplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report of 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 corpyration by the hydrogen component to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by by an affectment with an address.

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

以从液E REQUIRED

DELETE

26 Jan 98 759

Change

Addition