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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** 

Feb 26 1998 8:00am

Secretary of State

	MEN1 # L8916 TOUCH FLOWERS, INC.	7 (5)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Plac	pe of Business	Mailing Address			LDI BEDIK DIBIL DIBIL DIBIL BIĞIL BIÐIL 1901
420 CLEMATI ST 420 CLEMATIS STRI			т		
W PALM BEACH FL 33401		W. PALM BEACH FL 33		ļ	
US		US			E IN THIS SPACE
				<ol> <li>Date Incorporated or Qualified 07/23/1990</li> </ol>	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0213689	Not Applicable
Suite, Apt. #, otc		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 Cat 8 Cat			Fee Required
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	- <b>Ζ</b> φ	Country	This corporation owes or has pa	
24	24 25 29 30 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent	
	JPERNAW, GERALD	mi negisiereo Agent	81 Name	10. Name and Address of New Re	gistered Agent
	O CLEMATIS STREET				
W PALM BEACH FL 33401		L J	dress (P.O. Box Number is Not Acceptate	ole)	
			83		
			84 City	, , , , , , , , , , , , , , , , , , , ,	FL 85 Zip Code
11. Pursuani	to the provisions of Sections 607 05	02 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the p	purpose of changing its registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblic	e of Horida. Such change was rations of, Section 607 0505. E.	authorized by the corpora lorida Statutes	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE					
	Signature, typed or pented name of registered as		TE: Registered Agent signature requ	- 1°76 5	DATE
12.	T-DP OFFICIRS AN	O DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change
NAME	SUPERNAW, GERALD	[ ] Otter	1.2 NAME		Crange C Addition
STREET ADORESS	420 CLEMATIS STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	W. PALM BEACH FL				
TITLE	ST	DELETE	1 4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME	SUPERNAW, GERALD	_	22 NAME		
STREET ADDRESS	420 CLEMATIS STREET		2.3 STREET ADDRESS		1
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME -			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS		•	4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZNP TITLE		DELETE	5.4 CITY-ST-ZIP		
NAME		ריי מנונונ	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		·
CITY-ST-ZIP		,	6.3 STREET ADDRESS		
UII 1-31-ZIF			6.4 City - St - ZiP		

14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual folicer or director of the confidence or the receiver of Block 12 or Block 13 if changed, or on an attact your life. oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in