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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L89167

1. Corporation Name

EXTRA TOUCH FLOWERS, INC.

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Principal Place	e of Business	Mailin	ng Address					(861(81)	6 1 010) 310 0	IIII (Bā I B IBH B	0 0	DIE BEDIE BEDIE (AB)	
420 CLEMATI S		420 (CLEMATIS STREET										
W PALM BEACH FL 33401 W. PALM BEACH FL 33401													
US US								DO NOT WRITE IN THIS SPACE					
								 Date Incorporated 07/23/1990 	or Qualifed				
2. Principal Pl	lace of Business	2a. M	ailing Address					4. FEI Number				Applied For	
21		26						65-0213689				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status	Desired		-	5 Additional		
22		27									Required		
City & State		City & State					6. Election Campaign	_		•	00 May Be		
23		28				.		Trust Fund Contrib				ed to Fees	
Zip Country			Zip Country					8. This corporation owes the current year Intangible Personal Property Tax Property Tax					
24	25	29		30	1		-	Personal Property 10. Name and Addres		Pagistered			
	9. Name and Address of Curr	rent Register	еа Адепт		81	Name	-	10. Name and Addres	98 OI 146W	Kediateren	- Agoric		
CHID	ernaw, Gerald				"	Name							
	CLEMATIS STREET				82	Street	Addres	ss (P.O. Box Number is	Not Accept	able)			
	ALM BEACH FL 33401				83								
W F/	ALM DEACH I C 30401				03								
	•				84	City				FI	85 2	ip Code	
	to the provisions of Sections 607.0	1500 and 607	1500 Florida State	utae tha	hove	a-named	comor	ation submits this state	ment for the	DUITDOSE O	-	its registered	
l office or r	egistered agent, or both, in the Sta	ate of Florida	Such change was	authorize	a by i	the corpo	oration	's board of directors. I h	ereby acce	pt the appo	intment a	s registered	
agent.la	m familiar with; and accept the obl	igations of, Se	ection 607.0505, F	lorida Sta	tutes.	•							
SIGNATURE	Signature, typed or printed name of registered		eliechie (NO	TE: Decisters	d Agent	at signature n	recruired w	men reinstating)	_	DATE			
12.			picable. (140	ic. negatoro	a , .go	r organization is							
12.	OFFICERS	AND DIRECT	ORS	13.			-	ADDITIONS/CHANG	GES TO OF	FICERS A	ND DIREC	TORS IN 12	
TITLE		AND DIRECT	ORS DELETE	13.	TILE	<u></u> .	1	ADDITIONS/CHANG	SES TO OF	FICERS A	ND DIREC		
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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 chapged, or on an attachment with an address, with all other like empowered.

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90141 048 ***150.00