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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

•	1999 DIVISION OF CORPORATION			FIONS	05-06-1999 90055 020 ***150.00			
1. Corporation	MENT # M8 Name FLOWER, INC.	88203						
Principal Place of Business Mailing Address								
3020 N FEDERA FT. LAUDERDAL	AL HWY, BLDG #9		020 n federal hwy. Bli F. Lauderdale fl 33306					
TT. CAUDLADAL	L 1 L 33000	,	. LAUDENDALL TE SOOO			DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed		
			AA 30 A A L		·-	06/27/1988 4. FEI Number	- I An	plied For
	ace of Business		2a. Mailing Address			"		plied For t Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc.			65-0065700	\$8.75 A	
22 Suite, Apt.	#, etc.	27	Julie, Apr. #, etc.			5. Certifcate of Status Desired		quired ~
City & State			City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28]			Trust Fund Contribution	Added to	
Zip	Country		Zip	Countr	y	8. This corporation owes the current year !		_
24	25	29		30		Personal Property Tax.		□No
	9. Name and Addres	s of Current Regi	stered Agent		4 11	10. Name and Address of New Registere	d Agent	
IOUI	NSON, CANDACE K			8	1 Name			
	N FEDERAL HWY			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33306					3			
11.1	MODE IDALE I E GOOD			١٠	3	<u> </u>		
				8	4 City	F	85 Zip C	Code
<u>-</u>		007.0000	607 4500 Florido Statuto	on the abo	un named cor	resertion submits this statement for the purpose	of changing its	registered
office or r	edistered agent or both	in the State of Flor	ida. Such change was ai	uthorized b	v the corporat	tion's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	m familiar with, and acce	pt the obligations o	of, Section 607.0505, Floi	nda Statute	#S.			
SIGNATURE	Signature, typed or printed name	of registered agent and title	e if applicable. (NOTE:	: Registered Ag	ent signature requir	red when reinstating) DATE		
12.		FICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	PVS		☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	JOHNSON, CANDAC	E K.		1.2 NAME	<u> </u>			
STREET ADDRESS	2649 N.E. 26TH CO	urt		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE F	<u>_</u>		1.4 CITY-	·ST-ZIP			
TITLE	TD		☐ DELETE	2.1 TITLE	-		Change	Addition Addition
NAME	JOHNSON, CANDAG			2.2 NAME	Ē			
STREET ADDRESS	2649 N.E. 26TH CO			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE F	<u>L</u>		2.4 CITY			Change	Addition
TITLE			☐ DELETE	3.1 TITLE			□ change	
NAME				3.2 NAME				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP			☐ OELETE	3.4. CITY 4.1 TITLE			Change	Addition
TITLE				4. 2 NAM			,*	
NAME CTREET ADDRESS				4	EET ADDRESS			
STREET ADDRESS				4.3 STRE				
CITY-ST-ZIP	<u> </u>		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STRE	ETADORESS			
CITY-ST-ZIP				5.4 CITY-	·ST-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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