


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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000030495 (0)**  
 1. Corporation Name  
**FANTASY FLORIST & PLANTS, INC.**



Principal Place of Business 1960 SE 150TH STREET SUMMERFIELD FL 34491	Mailing Address 1960 SE 150TH STREET SUMMERFIELD FL 34491
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*CHANGE OF Address*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 15660 S. Hwy 441	22	26 15660 S. Hwy 441	27	04/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0748712	
23 Summerfield, FL		28 Summerfield, FL		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		City & State		\$8.75 Additional Fee Required	
24 34491		29 34491		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 USA		30 USA		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KALB, MARIE A 1960 SE 150TH STREET SUMMERFIELD FL 34491				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	change of address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALB, GEORGE M	1.2 NAME	PKALB George M.
STREET ADDRESS	1960 SE 150TH STREET	1.3 STREET ADDRESS	15660 S. Hwy 441
CITY-ST-ZIP	SUMMERFIELD FL 34491	1.4 CITY-ST-ZIP	Summerfield FL 34491
TITLE	VSTD	2.1 TITLE	change of address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALB, MARIE A	2.2 NAME	✓ KALB, MARIE A
STREET ADDRESS	1960 SE 150TH STREET	2.3 STREET ADDRESS	15660 S. Hwy 441
CITY-ST-ZIP	SUMMERFIELD FL 34491	2.4 CITY-ST-ZIP	Summerfield, FL 34491
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Marie A Kalb* MARIE A KALB 1/17/98 352 344-4444

CR2E034 (10/97)