## 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 # **P97000094871**1. Corporation Name

INSTEAD OF FLOWERS, INC.

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

05-06-1999 90165 003 \*\*\*158.75



								IBILI DIBBI IDI	(† 1 <b>008</b> ) (†8) ( <b>90</b> )
Principal Place	of Business	Mailing Address	i						
465 FORREST AVE., STE. 126 206 FOREST HILL DRIVE									
COCOA FL 32922		COCOA FL 32926	5		DO NOT WR	DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
						11/05/1997			İ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
<del></del>					·	5 <del>9-3494562</del>			
21			etc.				<u> </u>	\$8.75	Additional
22 27			,			5. Certificate of Status Desired  Fee Required			Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be			<b>)</b> мау Ве
28						Trust Fund Contribution		Added	d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the cur	rent year Int	tangible	
24	25 29 30					Personal Property Tax.			
- <del></del>	9. Name and Address of Cur	rent Registered Agent		l		10. Name and Address of New	Registered	Agent	
			_	81	Name				
HAGEN, SUZANNE R.				82	Street	Address (P.O. Box Number is Not Accept	ddress (P.O. Box Number is Not Acceptable)		
206 FOREST HILL DR				Out of Address (1.0. Dox Hallion is Not Addeptade)					
COCOA FL 32926				83					
				84	City			85 Zir	Code
				1	,		FL	<b>.</b>     `	]
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flor	ida Statutes, the a	above	-named	corporation submits this statement for the	purpose of	changing i	ts registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Fiorida. Such char	nge was authonze	uυγ	the corpu	pration's board of directors. I hereby acce	pt the appo	mineni as i	egistered
-	III lallillai Witt, and decept the ob-	igationio di, obbitan oori							(
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registere	d Agen	it signature ri	equired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D		ELETE 1.1 T	πE				Change	e 🔲 Addition
NAME	HAGEN, SUZANNE R		1.2 N	AME					\
STREET ADDRESS	206 FOREST HILL DRIVE		1.3 9	TREET	ADDRESS				
CITY-ST-ZIP	COCOA FL 32926		140	OTY-S	T-ZiP				
TITLE	D		ELETE 21T	TILE				Change	e 🗌 Addition
NAME	HAGEN, JAMES F		2.2 N	IAME					1
STREET ADDRESS	-206 FOREST-HILL DRIVE -			TREET	ADDRESS		-		
City-St-ZiP	COCOA FL 32926		2.40	CITY-S	T-ZIP				
TITLE			DELETE 3.1 T	TTLE				☐ Change	e ☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 9	TREET	ADDRESS				
CITY-ST-ZIP			3.4. (	CITY-S	iT-ZIP				
TITLE				TTLE				☐ Change	e 🗌 Addition
NAME			4,21	NAME					ļ
STREET ADDRESS					ADDRESS				İ
CITY-ST-ZIP				CITY-S					
TITLE			DELETE 5.1 T	_				☐ Change	e 🔲 Addition
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STREET ADDRESS			5.3 5	TREET	ADDRESS				Ì
1				ITY-S					ļ
CITY-ST-ZIP				ITLE				☐ Change	e
TITLE		L! L		_					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS