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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90087 026 \*\*\*150.00

DOCUMENT # Y 66664			
1. Corporation Name  FLORION GREETERS INC.		479113 - 90087 - 26	
Principal Place of Business  8930 5R 84 297  6300 Nonth WICHAM  ADDO #130  Ft. Landerdale, FC 33324  Mercoverie fc 30010			SPACE
mercovane, re 32940		3. Date Incorporated or Qualifed	1
Principal Place of Business     2a. Mailing Address	· 01. 2	4. FEI Number	Applied For
21 2 SUNTREE PLACE 28 2 SUNTREE	PLACE	65-0364372	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	عه بس <b>د</b> در سا	5Certificate of Status Desired	<b>\$8,75</b> Additional <
22		6. Election Campaign Financing	\$5.00 May Be
23 MELBOURNE FL 28 MELBOURNI	i rh	Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Inta	
24 32940 25 45 29 32940 30	45	Personal Property Tax.	Yes Divio
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name			
Kosen kranz Lee			
8930 5 R 84 297 BEE Not Acceptable) #1700			
83			
Ft. Lauderdale, FL 33324	84 City		85 Zip Code
j ,	\ \Y\\@ L#	BOURNE FL	1 32940
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE DELETE	1.1 TITLE 6	300 NORTH WICKHAM ROAD,	Change Addition
NAME Rosen KRANZ, Lee	1.2 NAME	SUNTAGE PLACE #13	0
STREET ADDRESS 8930 5 12 34 297	1.3 STREET ADDRESS	3 3 3 3 3	40
CITY-ST-ZIP F+ Laudendale, FL 33324	F.''	NelBouRNE, -C )27	TO DANGE
ΠLE DELETE	2.1 TITLE	J	Change Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		-=
CITY-ST-ZIP DELETE	2. 4 C/TY-ST-Z/P 3.1 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		i
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS	5.4 CITY-ST-ZIP		
CITY-ST-ZIP  TITLE DELETE	6.1 TITLE		Change Addition
TITLE DELETE	6.2 NAME		
STREET ADDRESS	63 STREET ADDRESS		
· '1			ſ

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 tristee 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 arrayess, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR