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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

357196

(5)

**FILED** Feb 20 1998 8:00am Secretary of State

PREVATTE FLORISTS INC				
Principal Place of Business	Mailing Address			
<b>'</b> '	•			
836 NORTH LAKE BLVD. 836 NORTH LAKE BLVD. LAKE PARK FL 33408 LAKE PARK FL 33408			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
US			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			12/23/1969	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ass. # 349	26		59-1284652	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		• Floring Committee Financia	·····
23	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25		30		Yes No
g, Name and Address of Curr			10. Name and Address of New Registered	
HAWKINS, GERALD L		81 Name	. '''	
1391 ALPHA CT.,N.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33406		511991 AUGIN	ess (F.O. Box Number is Not Acceptable)	
		83		
		84 City		les i za onda
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta	02 and 607 1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607,0505, Flor	ithorized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE				
Signature, typed or printed name of registered a		Registered Agent signature require	ed when reinstating) DATE	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME GRIMAIL, PAMELA		1.2 NAME		
STREET ADDRESS 836 NORTH LAKE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP LAKE PARK FL	DELETE	1.4 City-St-ZiP		Donner Dadger
TITLE STD	L DECEIE	2.1 TITLE		Change Addition
NAME HAWKINS, GERALD		2.2 NAME		
STREET ADDRESS 1391 ALPHA CT.,N. CITY-ST-ZIP W. PALM BEACH FL		2.3 STREET ADDRESS		
TITLE VPD	DELETE	2. 4 CITY-ST-ZIP		Change Addition
* **		3.1 TITLE		FIT AUGUS FIT SAGUIDAL
NAME GRIMAIL, DANIEL STREET ADDRESS 4051 A PALM BAY CIR.		3.2 NAME 3.3 STREET ADDRESS		
UI SALLA SELALLEI				
TITLE W. PALM BEACH FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	·	Change Addition
NAME		4. 2 NAME		Change Robilion
STREET ADDRESS				
CITY-ST-2IP		4.3 STREET ADDRESS		
TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	<b>—</b>	5.2 NAME		crange received
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELET <b>E</b>	6.1 TITLE		☐ Change ☐ Addition
NAME				
	<del></del>		•	
STREET ADDRESS	<del></del>	6.2 NAME 6.3 Street Address		

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.