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 # 1. Corporation Name 551655 (4)

STEVE'S FLOWERS, INC.

Principal Place of Business

Mailing Address

12007 SEMINOLE RLVD

12037 SEMINOLE RIVO

FILED May 01 1998 8:00am Secretary of State



LARGO FL 34	648	LARGO FL 34648		DO NOT INDITE IN THE	^ ^
				DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualified 11/21/1977	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 SA	n <i>e</i>	26 SAME		59-1788760	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24 337	Country	2p	Country	8. This corporation owes or has paid the c	
24 35 /	25 25 Name and Address of Curre	29 33778	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	∐ Yes ∐ No
DOI		ur uefisteren waant	81 Name	10. Name and Address of New Registered	1 wBaur
	BINSON, JOHN T		50	HN T. KODINSOI	✓
	3 FIRST AVENUE SO		82 Street Add	ress (P.O. Box Number is Not Acceptable)	In C 11- 1
81	PETERSBURG FL 33707		83 43	54 GENIRAL 170	JE., Suite L
			[33]		
			84 City	O-Tank I	L 85 Zip Code
11. Pursuant t	o the provisions of Socions 607 05	02 and 607 1509 Elorida Stal		PETERS DURG F	
office or re	egistered agent, or both, in the State	e of Horida. Such change wa	s authorized by the corpora	tion's board of directors. I hereby accept the ap	opointment as registered
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.		-
SIGNATURE	Signature, typed or printed harve of registered ag	out and tale of a constant	OTE: Registored Agent signature requi	ired when reinstating) DATE	·······
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITLE	ADDITIONS/OFFANGES TO OFF ICENS A	Change Addition
NAME	COBB, LEWIS S.		1.2 NAME		<u> </u>
STREET ADDRESS	12037 SEMINOLE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY - S1 - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DFLETE	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	41 TITLE		Change Addition
NAME			4. 2 NAME		
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELET e	6.1 TITLE	-	Change Addition
NAME	* • • • • • • • • • • • • • • • • • • •		6.2 NAME		
STREET ADDRESS	9		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	ertify that the information supplied v	with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further our shall have the same legal effect as if made up	pertify that the information
officer or d	lirector of the corporation or the rec	eiver or trustee empowered t	o execute this report as requ	rre shall have the same legal effect as if made tuired by Chapter 607, Florida Statutes; and that	muer oam; mar ram an I my name appears in
Block 12 o	ir Bloc k 13 if changed, or on an atta	ichment with an address.	- "	•	. ,