## 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 **555592**

1. Corporation Name

A FLOWER MART, INC.

ORLANDO FL 32817

## FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90049 006 \*\*\*150.00



Principal Place of Business Mailing Address 10063 E COLONIAL DR 3425 S. WASHINGTON AVE TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed. 12/19/1977 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1797734 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DOYLE, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 82 3425 S. WASHINGTON AVE TITUSVILLE FL 32780 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TM E TITLE DÓYLE, MARJORIE 1.2 NAME NAME STREET ADDRESS425 S WASHINGTON AVE 1.3 STREET ADDRESS TITUSVILLE FL 32780 1.4 C/TY-ST-ZIP CITY-ST-ZIP ☐ Addition 2.1 TITLE ☐ Change TITLE DOYLE, MARJORIE 2.2 NAME NAME STREET ADDRESS425 S. WASHINGTON AVE 2.3 STREET ADDRESS TITUSVILLE FL 32780 2.4 CITY-ST-ZIP Addition ☐ Change DELETE PDC... TITLE 3.1 TITLE DOYLE, JOHN W 3.2 NAME STREET ADDRESS 25 S. WASHINGTON AVE 3.3 STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 3.4. CITY-ST-ZIP DELETE ☐ Change 🐓 ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

1-21-99 (407)268-1169

CR2E034 (11/98)