**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 1. Corporation Name 582918 (9)A FLOWER PATCH, INC. Principal Place of Business Mailing Address 3435 S MILITARY TRAIL 3435 S MILITARY TRAIL LAKE WORTH FL 33463 **LAKE WORTH FL 33463** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1978 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable <u>59-1967261</u> Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Žip Country Country This corporation owes or has paid the current year Intangible 30 Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HILLMAN, TODD 3435 S. MILITARY TRL. Street Address (P.O. Box Number is Not Acceptable) C/O A FLOWER PATCH, INC. 83 LAKE WORTH FL 33463 Zip Code 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 way, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

T.W. Hillman

3/23/47 Signature, typed or printed name of registered agreet and site it applicable (NOTE: Registered agreet) SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (New address) DELETE 1.1 TITLE TITLE NAME HILLMAN, TODD 12 NAME 513 N.COUNTRY CL.DRIVE 1.3 STREET ADDRESS STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME HILLMAN, BETSY 2.2 NAME **513 N.COUNTRY CL.DRIVE** STREET ADDRESS 2.3 STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE

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. SIGNATURE:

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NAME

STREET ADDRESS CITY-ST-2IP

6.2 NAME 6.3 STREET ADDRESS

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