Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90137 023 ***158.75

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 612713

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

THE FLOWER MAN, INC.

5723 SIMS ROAD DELRAY BCH FL 33484		5723 SIMS ROAD DELRAY BCH FL 33484				DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 03/13/1979				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
21		26 3931 TUSKEDEDC.				59-1945386	····	$\Box\Box$		pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	v	\$8.75 Additional Fee Required			
City & State	e	City & State	_			6. Election Campaign Financing	П	\$5.0	00 ма	y Be
23		28 Lantana	FL_			Trust Fund Contribution		Add	led to I	ees
Zip	Couritry	Zip	Country	110		8. This corporation owes the curre	ent year inta			
24	25	29 3040以 30	W) [Persor al Property Tax.		☐ Yes_		No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	legistere d /	Agent		_
Dati	TU DANKE I		81	Nam	ne					
3931	th, daniel l Tuskegee dr		82 Street Acc			ss (P.O. Box Number is Not Accepta	ble)			
LAN	TANA FL 33462		83	1						
			84	City			FL.	85 2	Zip C ɔ	de
office or o	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the co	ed corpor prporetion	ration submits this statement for the is board of cirectors. I hereby accep	purpose of of the appoir	changing itment a	gilsrə ısregs	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable (NOT:: Re	gistered Age	nt signatu	ure required v	when reinstating)	DATE			
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE			···		Chan	nge	☐ Addition
NAME	RAUTH, DANIEL L		1.2 NAME							
STREET ADDRESS	3931 TUSKEGEE DR		1.3 STREE	TADDRE	ss					
CITY-ST-ZIP	LANATANA FL 33462		1.4 CITY-S	ST-ZIP						
TITLE	STD	☐ DELETE	2.1 TITLE					Chan	nge	Addition
NAME	MORGAN-RAUTH, SHARON		2.2 NAME							
STREET ADDRESS	3931 TUSKEEGEE DRIVE	1	2.3 STREE	T ADDRE	SS					
CITY-ST-ZIP	LANTANA FL 33462		2. 4 CITY-	ST-ZIP						
TITLE	D	. DELETE	31 TITLE		1			Chan	nge	Addition
NAME	RAUTH, ROBERT G		3.2 NAME							
STREET ADDRESS	3931 TUSKEGEE DR		3.3 STREE	T ADDRE	SS					
CITY-ST-ZIP	LANTANA FL 33462		3 4, CITY-	ST-ZIP						FT A J. W
TITLE		☐ DELETE	4.1 TITLE					Char	nge	Addition
NAME			4 2 NAME							
STREET ADDRES S			4.3 STREE	TADDRE	SS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP_				<u> </u>	. 	☐ Addisis
TITLE		☐ DELETE	51 TITLE					Char	nge	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		:58					!
CITY-ST-ZIP			54 CITY-5	ST-ZIP						FTT A datates
TITLE		☐ DELETE	6.1 TITLE					☐ Char	nge	Addition
NAME			6.2 NAME							
STREET ADDRESS:			63 STREE	T ADDRE	SS					

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.

6.4 CITY-ST-ZIP