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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 648758

(1)

MUATES	S FLORIST, INC.								
Principal Place	e of Business	Mailing Address			······································	[	WIELL BIELL	Birt Birt Cibil	01013 1001
SO34 N. NEBRASKA AVE SO34 N. NEBRAS TAMPA FL 33603 TAMPA FL 33603						,			
						3. Date Incorporated or Qualified 12/19/1979		ate of Last Ri /23/1996	eport
,	lace of Business	2a. Mailing Address				4. FEI Number 59-1962258			oplied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.						\$8.75	ot Applicable
22		27				5. Certificate of Status Desired		Fee Re	
City & Stat	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28		<u> </u>		Trust Fund Contribution		Added t	lo Fees
Ζιρ <b>24</b>	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for i Florida Statutes	ntangible ] Yes [		, 199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	istered	Agent	
	NT-FOREHAND, MARILYN		ł	81	Name	•			
503			82	Street Address (P.O. Box Number is Not Acceptable)					
TAN	APA FL 33603		-	83					
			ļ						
				84	City		FL	<b>85</b> Zip (	Code
SIGNATURE	Signature, typed or printed name of recognized age.  OFFICERS AND	: and the if applicable (NOTE) DIRECTORS	L			oration submits this statement for the pon's board of directors. I hereby accept divine the property of the pr	DATE	0/97	RS IN 12
THILE	VPD	DELETE	1.1 1(1	île				Change	Addition
NAME	FOREHAND, HARRY B		1.2 NA			•			
STHEET ADDRESS	5034 N. NEBRASKA AVE TAMPA, FLORIDA 00000				ADDRESS				
City+St+ZiP Title		S DELETE		1.4 City-St-ZIP 2.1 Title				Change	Addition
NAME	REAGAN, BARBARA A.		2.2 NA		1				
STREET ADDRESS	5034 N. NEBRASKA AV.		2.3 \$T	REET #	ADORESS				
C(TY+SI+ZIP	TAMPA FL		2 4 CI	ITY-S1	1-ZIP				
TILE	PD	☐ DELETE	3.1 717					Change	Addition
NAME	YENT-FOREHAND, MARILYN 5034 N. NEBRASKA AVE		3.2 NA						
STREET ADDRESS	TAMPA FL				ADDRESS	•			
CITY - ST - ZIF	JAMIA IL	DELETE	3 4. CI		1-21			Change	Addition
NAME			4. 2 N					-	
STREET ADDRESS			4 3 ST	REET #	ADDRESS				
CHY-ST-7:P		<b>—</b>	44 CI		- ZIP	<u> </u>		- <del></del>	
TITLE		□ DELETE	5170					Change	Addition
NAME			5.2 NA		1000000				
STREET ADDRESS					ADDRESS				
City - St - Zip Title				TITLE				Change	Addition
NAME			6.2 NA					- -	
STREET ADDRESS			6.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CI						
informat.c	nriporticated on this finalial report or si	innlemental annuat report is tr	ue and a	accui	rate and that i	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	l effect a	s if made un-	der oath: that
Lam an o	officer or director of the corporation or in Block 12 or Brock 13 if changed, or	the receiver or trustee empow	ered to e	xecu	ute this report	as required by Chapter 607, Florida S	tatutes; a	and that my r	name

**FILED** 

Mar 06 1997 8:00am

Secretary of State