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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 686791

(5)

Principal Place of Business	Mailing Address
1215 ALTANTA AVE ORLANDO FL 32806 US	1215 ATLANTA AVE ORLANDO FL 32806 US

FILED Mar 16 1998 8:00am Secretary of State

Dringing I D	TERN WHOLESALE FLORISTS,				
·	lace of Business	Mailing Address			
1215 ALTANTA AVE 1215 ATLANTA AVE ORLANDO FL 32806 ORLANDO FL 32806					
US		US		DO NOT WRITE IN TH	HIS SPACE
1				3. Date Incorporated or Qualified	
			., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	09/08/1980	
_	l Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2021130	Not Applicabl
	pt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	Yala	[27]			Fee Required
City & S	state	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Z ip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	 1	}	30	8. This corporation owes or has paid the	Current year Inlangible
24	25 g. Name and Address of Current	Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	
	WATTERN, LARRY	mogratored Agent	81 Name	IO. Name and Addition of the House	
	1039 DELK RD				
	ONGWOOD FL 32779		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
•	ONGHOOD FL SETTS		83		
			84 City		85 Zip Code
44 Purcus	and to the provisions of Sections 607 0502	and 607 1508 Horida Statu	toe the above-named core		
office	or registered agent, or both, in the State of	f Horida, Such change was	authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
agent.	Lam familiar with, and accept the obligat	ions of, Section 607.0505, FI	lorida Statutes.		
SIGNATUR	RE		IF Registered Agent signature requi	ired when reinstating) DA	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	DELETE	11 TITLE	TOUTION OF THE CONTROL OF THE CONTRO	THE DIFFERENCE OF THE PERSON OF THE
NAME	MATTERN, WILLIAM				Change Additio
			1.2 NAME		Change Additio
STREET ADDRES			1.2 NAME		Change Additio
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14. Thereby certify that the information supplied with this filling 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 upon on a 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 origination 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