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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90018 008 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 686791 1. Corporation Name

MATTERN WHOLESALE FLORISTS, INC.

MALLEHN	MHOLESALE FLORISTS, II	NO.			<u> </u>				
Principal Place	of Business	Mailing Address				,			
1215 ALTANTA A	•	1215 ATLANTA AVE				1			
ORLANDO FL 32806		ORLANDO FL 32806				DO NOT WRITE IN THIS SPACE			
ŪS .		US				3. Date incorporated or Qualifed			
•						09/08/1980			1
		a Barillan Address				4. FEI Number		Apr	plied For
2. Principal Pla	ace of Business	2a. Mailing Address				59-2021130		No	t Applicable
21		Suite, Apt. #, etc.				 		\$8.75 A	dditional
Suite, Apt. #	t, etc.	<u> </u>				5. Certifcate of Status Desired		Fee Re	quired
22		City & State				6. Election Campaign Financing		\$5.00	May Be
City & State		28				Trust Fund Contribution		Added t	
23	Country	Zip	Cour	ntry		8. This corporation owes the curren	nt year Intan	gible	
Zip		29	30	•		Personal Property Tax.	,	Yes	□No
24	9. Name and Address of Current		201			10. Name and Address of New Re	gistered Ag	ent	
	9. Name and Address of Current	t Registered Agent		81 1	Name				
. МАТТ	TON LADDY		1			O. D. Alexandrah	la)		
1030	DELK RD	5 k .		82 5	Street Addr	ess (P.O. Box Number is Not Acceptab	, , , , , , , , , , , , , , , , , , ,		
	WOOD FL 32779		ļ	83			400000		P-13-194
LOIK	THOOD I'E SELVO)	71. 2 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				84	City		FL	85 Zip (200e
to see a see a	607.050	and CO7 1509 Florida Statut	os the al	LL hove-n	named corp	poration submits this statement for the p	surpose of cr	ianging its	registered
agent. I ar	n ramılar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Stati	ites.		ad when reinstating)	DATE		
office or read agent. Lar	agistered agent, or both, in the State on familiar with, and accept the obligated agent states agent to be stated agent agent t	tions of, Section 607.0505, Flo	rida Statu Registered	ites.		ad when reinstating)	DATE	DIRECTO	ORS IN 12
office or read agent. I are SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flo	rida Stati	Jtes.			DATE		
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flo at and title if applicable. (NOTE D DIRECTORS	Registered	Agent si		ad when reinstating)	DATE	DIRECTO	ORS IN 12
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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 fill other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: