

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G04806 (7)**

1. Corporation Name  
**H & H FLOWERS, INC.**



Principal Place of Business: **1500 N.W. 95TH AVE. MIAMI FL 33172**

Mailing Address: **1500 N.W. 95TH AVE. MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1982**

4. FEI Number: **59-2226943**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: **HILL, JAMES A. 1500 N.W. 95TH AVENUE MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, JIM</b>	1.2 NAME	<b>JAMES A. HILL</b>
STREET ADDRESS	<b>1500 N.W. 95TH AVE.</b>	1.3 STREET ADDRESS	<b>1500 N.W. 95 AVE</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE	<b>STD</b>	2.1 TITLE	<b>SECRETARY / TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAIGHT, DWIGHT</b>	2.2 NAME	<b>DWIGHT HAIGHT</b>
STREET ADDRESS	<b>1500 N.W. 95TH AVE.</b>	2.3 STREET ADDRESS	<b>1500 NW 95 AVE</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE		3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b><del>1025 THOMAS JEFFERSON ST SUITE 600</del></b>
STREET ADDRESS		3.3 STREET ADDRESS	<b><del>WASHINGTON, DC 20007</del></b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>ROBERT POIRIER</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1025 THOMAS JEFFERSON ST SUITE 600 WEST</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>WASHINGTON DC 20007</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *[Handwritten Signature]* Date: **4-29-98** 35097-11178

CR2E034 (10/97)