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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G04806**

H & H FLOWERS, INC.

incipal Place of Business	Mailing Address
·	J
D N.W. 95TH AVE.	1500 N.W. 95TH AVE.
MI FL 33172	MIAMI FL 33172

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90118 048 \*\*\*150.00



	<u> </u>						
Principal Place	e of Business	Mailing Address				LABOUR BALL BALL BIRL BIRL BOLL BUT BOTH BUT BIRL BIRL BIRL BIRL BIRL BIRL BIRL BIRL	
1500 N.W. 95TH AVE. 1500 N.W. 95TH AVE.							
MIAMI FL 33172 MIAMI FL 33172						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						10/18/1982	
a Principal Pl	nee of Rusiness	2a, Mailing Address			_	4. FEI Number Applied For	
					59-2226943 Not Applicable		
21 Suite Ant	# ota	Suite, Apt. #, etc.				\$8.75 Additional	
					5. Certificate of Status Desired Fee Required		
22			City & State			6 Election Campaign Financing 55.00 May Be	
<b>├</b> ─, <i>'</i>		28	¬ ´			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible	
	25	29	30			Personal Property Tax.	
24	g. Name and Address of Curren		30	Γ-		10. Name and Address of New Registered Agent	
	g. Hame and Address of Carren	Citogloserou Agont		81	Name		
CT	CORPORATION SYSTEM						
1200 SOUTH PINE ISLAND ROAD				82	Street A	et Address (P.O. Box Number is Not Acceptable)	
	TATION FL 33324			83			
, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
				84	City	FL 85 Zip Code	
				Щ	<u> </u>	d corporation submits this statement for the purpose of changing its registered	
SIGNATURE	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with fa	at and title if applicable. (NC	OTE: Registered			required when reinstating)  DATE  TO DESCRIPTION AND DISCOVERS IN 12	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	Р	DELETE	1.1 ∏		1	Tom Locke	
NAME i	HILL, JIM	•	1.2 N			A. O. S. A. CO	
STREET ADDRESS	1500 N.W. 95TH AVE.				ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 33172	——————————————————————————————————————		TY-\$1	T-ZIP	MIAMI, FL 33172	
TITLE	ST	DELETE	2,1 TI				
NAME	HAIGHT, DWIGHT	, (	2.2 N		i		
STREET ADDRESS	1500 N.W. 95TH AVE.		2.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 33172				T-ZIP	The state of the s	
TITLE	D	☐ DELETE	3.1 TI		- [	Dert Poirier Robert Poirier 1025 Thomas Jefferson \$t, Suit \$3006 WASYINGTON DC 20007	
NAME	Poirier, Robert		3.2 N			Kober Turner le 6/2 am 8t Suite 300E	
STREET ADDRESS	1025 THOMAS JEFFERSON ST	Suite 600 West	3.3 S	TREET	T ADDRESS	1025 Indines delitaring	
CITY-ST-ZIP	WASHINGTON DC 20007		3.4. 0	πy-s	T-ZIP	WASHINGTON OC 2000/	
TITLE		☐ DELETE	4.1 Ti	TLE		☐ Change ☐ Addition	
NAME			4.21	IAME			
STREET ADDRESS			4.3 S	TREET	T ADDRESS	;	
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition	
NAME			5.2 N	AME	İ		
STREET ADDRESS			5.3 S	TREET	TADORESS	;	
CITY-ST-ZIP			5.4 C	TY-S1	T-ZIP		
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition	
NAME			6.2 N	AME			

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS