

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # H49252

1. Corporation Name
PETALS FACTORY OUTLET OF FLORIDA, INC.

Principal Place of Business
300 CENTRAL AVENUE
WHITE PLAINS NY 10606

Mailing Address
300 CENTRAL AVENUE
WHITE PLAINS NY 10606

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2632363	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3 900003040369--6	
				B4 City	

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	P	1.1 TITLE	M
NAME	CORELLI, JOHN R	1.2 NAME	ROCCO STRAZZA
STREET ADDRESS	300 CENTRAL AVENUE	1.3 STREET ADDRESS	300 Central Avenue
CITY-ST-ZIP	WHITE PLAINS NY	1.4 CITY-ST-ZIP	White Plains, NY 10606
TITLE	VS	2.1 TITLE	CEO
NAME	CORELLI, CHRISTOPHER	2.2 NAME	MAX MUNN
STREET ADDRESS	300 CENTRAL AVENUE	2.3 STREET ADDRESS	300 Central Avenue
CITY-ST-ZIP	WHITE PLAINS NY 10606	2.4 CITY-ST-ZIP	White Plains, NY 10606
TITLE	VP	3.1 TITLE	President
NAME	BELENSKI, RICHARD	3.2 NAME	Richard Belenski
STREET ADDRESS	300 CENTRAL AVE	3.3 STREET ADDRESS	300 Central Avenue
CITY-ST-ZIP	WHITE PLAINS NY	3.4 CITY-ST-ZIP	White Plains, NY 10606
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	DAVID SCHWARTZ
STREET ADDRESS		4.3 STREET ADDRESS	300 Central Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	White Plains, NY 10606
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 on an attachment with an address.

SIGNATURE: _____ 10/12/99 914-946-7373



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300 Central Avenue, White Plains, N.Y. 10606-1227

November 2, 1999

Ms. Michelle Milligan
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Dear Michelle,

As per our telephone conversation a few weeks ago you indicated additional fees would be waived for corporate reinstatement for both our Corporate Annual Returns for "Petals Factory Outlet of Delaware" and "Petals Factory Outlet of Florida".

I am returning the return for "Petals Factory Outlet of Florida" to be reprocessed.

In addition, I have enclosed 2 checks for \$8.75. Please send a copy of Certificate of Status for the above.

If you have any questions, please contact me at 914-946-7373 ext. 242.

Thank you,

Sincerely,

Elyse Lurie

* Please note that we did not receive
our 1st notice annual report.
Thank