AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 09, 1999 8:00 am **Secretary of State**

07-09-1999 90020 048 ***150.00

OCUMENT #

FLORAL EXPRESSIONS FLORISTS, INC.



incipal Place of Business Mailing Address 05 WEST UNIVERSITY AVE. 1005 WEST UNIVERSITY AVE. GAINESVILLE FL 32601 INESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1985 Principal Place of Business 23rd Are Applied For 2a. Mailing Address 4310 NW 23rd Ave 26 59-2571645 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. -5. Certificate of Status Desired Fee Required City & State CAINES VILLE City & State GAINESVILLE, FI \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year 32606 32606 Alachua Yes ☐ No intangible Personal Property. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROTHSTEIN, JEFFREY H. Street Address (P.O. Box Number is Not Acceptable) 2400 NW 31ST TERACE **GAINESVILLE FL 32605** 83 Zip Code City 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, typed or printed name of registered agont and title if applicable (2/33)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 正 DELETE 11TM F CR2E034 ROTHSTEIN, JEFFREY H. ٧E 1 2 NAME 2400 N.W. 31ST TERR. 1.3 STREET ADDRESS REET ADDRESS GAINESVILLE FL 1.4 CITY-ST-ZIP Y-ST-ZIP ίĒ 2.1 TITLE DELETE ROTHSTEIN, KRISTI 22 NAME иE 2400 N.W. 31ST TERR. 2.3 STREET ADDRESS REET ADDRESS GAINESVILLE FL Y-ST-ZIP 2.4 CITY-ST-ZIP Change Addition LE OELETE νE 3.5 STREET ADDRESS REET ADDRESS Y-ST-ZIP 3.4 CITY-ST-ZIP LE 4.1 TITLE Change Addition DELETE ME 4.2 NAME 4.3 STREET ADDRESS REET ADDRESS 4.4 CITY-ST-ZIP Y-ST-ZIP 5.1 TITLE Change Addition 16 DELETE 5.2 NAME RET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition ĽΕ DELETE 6.2 NAME uЕ 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY-ST-ZIP Y-ST-ZIP I hereby cartify 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.



When words can't say enough... Floral Expressions will

4310 NW 23 Ave. 375-1234

1005 W. University Ave. 373-1234

3318 SW 35 Blvd. Archer Square Plaza 336-1234

1-800-DAY-1234

FTD

FTD TOP MEMBER

HM2580 605136-90001-33

July 20, 1999

Florida Department of State Division Of Corporations Annual Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Last year we moved our office between the time of the new years' notices-were mailed. -We never received the first notice, so we do not feel the penalty is justified. Please file our return.

Thank You,

Jeff/Rothstein

Floral Expressions Florists Inc.