


FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		Mar 30 1998 8:00am Secretary of State	
DOCUMENT # <b>H92878</b> (8)					
1. Corporation Name <b>ZAHN'S FLOWERS, INC.</b>					
Principal Place of Business <b>240 SOUTH PALMETTO AVE. DAYTONA BCH. FL 32114-4314</b>			Mailing Address <b>240 SOUTH PALMETTO AVE. DAYTONA BCH. FL 32114-4314</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			3. Date Incorporated or Qualified <b>01/06/1986</b>		
21 Suite, Apt. #, etc.			4. FEI Number <b>59-2638943</b>		
22 City & State			Applied For Not Applicable		
23 Zip Country			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
24			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>VOESTLE, EMILY PATE 492 WILTSHIRE BLVD PORT ORANGE FL 32127</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____					
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD VOEGTLE, EMILY PATE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	492 WILTSHIRE BLVD		1.2 NAME		
STREET ADDRESS	PORT ORANGE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	V VOEGTLE, JAMES WILLIAM		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	492 WILTSHIRE BLVD		2.2 NAME		
STREET ADDRESS	PORT ORANGE FL		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	TS WLAKER, ANJURANT		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	121 MASON PARK DR		3.2 NAME	<b>corrected Spelling</b>	
STREET ADDRESS	HOLLY HILL FL		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Enriquez, Esteban 3/25/98 (904) 252-3614