FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	2000	DIVISION OF CO		RPORATIONS				
DOCUM		084	(2)						
1. Corporation I	N'S FLORIST AND GI	DEENIUOLIO	• • •						
IIFIU	IN S FLONIST AND GI	TEENHOUS	E, INC.				A HARIOLE AND HIND CHAIR BRICK II	DIN BABA BABA BABA	I BIBIL BUBIL DIBIL IBBI
Disease Disease	I Distinguis								
Principal Place c		iling Address							
1001 W CAN NEW SMYRI	val st Na beach fl. 32168		1001 W CANAL ST NEW SMYRNA BEACH FL 32168						
							Date Incorporated or Qualified	3a. Date of Las	t Report
							05/19/1986	01/17	/1995
2. Principal Plac	e of Business	}	Mailing Address				4. FÉI Number		Applied For
21 Suite, Apt. #,	ote	26	Suite, Apt. #, etc.				59-2685070	***	Not Applicable
22	Cit.	27	odine, Apr. #, etc.				5. Certificate of Status Desired		75 Additional se Required
Oity & State			City & State				6. Election Campaign Financing	<u> </u>	.00 May Be
23		28					Trust Fund Contribution	L Ad	ded to Fees
Ζφ [24]	Country 25	29	Ζιρ	30 Co.	intry		8. This corporation has liability for I	intangible tax unde No	rs 199.032,
[24]	9. Name and Address of C	1	ered Agent	[30]	T	 	10. Name and Address of New R		
		· · · · · · · · · · · · · · · · · · ·			81	Name			
GILLISPIE, W M					82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
	CAUSEWAY							·	·····
NEW S	MYRNA BEACH FL 32168				83				
					84	City		E4 85	Zip Code
11. Pursuant to	the provisions of Sections 607	2.0502 and 607	1508, Florida Statu	tes, the abo	LI ove-r	named corpo	pration submits this statement for the pur	pose of changing i	ts registered office
or registered familiar with	d agent, or both, in the State o , and accept the obligations of	f Florida Such , Section 607.0	change was authori: 505, Florida Statute	zed by the s.	corp	oration's bo	ard of directors. I hereby accept the appli	ointment as registe	red agent. I am
S'GNATURE _									
12.	gnotine, type for printed hance of registers OFFICE 0	ed agent and toe it ap RS AND DIRECT		OTE: Flegisteres	i Agen	t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
Till,E	PD	S AND DITEO	DELETE	1, 11	ITLE		ADDITIONAL OFFICE TO OFF	Chang	
NAME	JANES, EDNA M.		_	12 N	AME				
STREET ADDRESS	310 ROSLYN AVENUE			1.3 \$	TREET	ADDRESS			
CHTY-ST-ZIP	NEW SMYRNA BEACH	1 FL			(TY-\$	T-ZIP			·
III.F	VD		☐ DELETE	2 1 1				Chang	ge 🔲 Addition
NAMI STEELT ADDRESS	JANES, RICHARD D. 310 ROSLYN AVENUE	•		2 2 N		1000000			
CITY ST-ZIP	NEW SMYRNA BEACH				ince i ITY - S	ADDRESS			
tofale.	\$	<u> </u>	DELFIE	3 1 1		1-211		Chang	ge Addition
NAME	PEREZ-LUGONES, MA	VRTHA		32 N	AME				_
STREET ADDRESS	19 Joseph RD			3.3 \$	STREET	ADDRESS			
CHY-ST-ZIP	MILFORD MA		F 700,000		ITY - S	T-21P	······································		
101.1	T		☐ DETE1E	4 1 1				☐ Chang	ge 🔲 Addition
NAME CURRELL APPROPRIE	HAAS, EDITH JANES			4.2 N		ADDRESS			
STREET ADDRESS CITY - ST. ZIP	503 W UNIVERSITY DELAND FL				ITY - S	ADDRESS T-7IP			
THEF	APPAIN IF		DELETE	5 1 1				Chan	ge Addition
NAME				52 N	AME				
STREET ADDRESS				538	TREET	ADDRESS			
CITY ST-ZIP					11 Y - S	T - ZIP			
TIPLE			☐ DELETE	6 1 7	TITLE			☐ Chang	ge 🔲 Addition

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 call; 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 Brock 13 if changed, or on an attachment with an address.

62 NAME

6 3 STREET ADDRESS 6 4 CITY+ST-ZIP

SIGNATURE:

NAME STHEE! ADDRESS

MATURE AND TYPEO OF PRINTED NAME OF GOVING OFFICER OF DIRECTOR

2/16/96 (904) 428-2445

CH2E034 (12/95)