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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J74215

1. Corporation Name

BIR'S FLORIST, INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90088 022 \*\*\*150.00

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Principal Place	e of Business	Ma	iling Address	-				01 21(1 Gian Ar		
2133 NORTH ANDREWS AVE. 2133 NORTH ANDREWS AVE WILTON MANORS FL 33311 WILTON MANORS FL 33311							DO NOT WRIT.	E IN THIS !	SDACE	
							3. Date Incorporated or Qualifed 05/22/1987	,		
2. Principal P	lace of Business	2a.	Mailing Address	_			4. FEI Number		A	pplied For
21		26	-				59-2815368		1	lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27	_				5. Certifcate of Status Desired		Fee F	equired
City & Stat	0		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Con	•		8. This corporation owes the curre	nt year Inta		
24		29		30	* - T		Personal Property Tax.		Yes	[.]No
	9. Name and Address of Cu	irrent Regis	tered Agent		81	Need	10. Name and Address of New Ro	egisterea A	4gent	
CCL	HIDNED CALVIN I				"'	Name				
SCHUPNER, CALVIN J 6924 N.W. 6TH COURT						Street Addre	ess (P.O. Box Number is Not Acceptable)		·.	
MAR	IGATE FL 33063		•		83					Ì
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 60	07.1508, Florida Statu	ites, the al	bove	-named corpo	oration submits this statement for the f	di podo di 1		. 7 . 1
office or r	m familiar with, and accept the o	state of Florid bligations of,	da. Such change was Section 607.0505, Fl	authorized orida Stati	by tutes.	the corporatio	in's board of directors. I hereby accept	tine appoir	itment as.i	egistered
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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.

SIGNATURE: