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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J91802**

1. Corporation Name
FLOWERNET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2200 NW 70TH AVE MIAMI FL 33122
 Mailing Address: 2200 NW 70TH AVE MIAMI FL 33122

3. Date Incorporated or Qualified
09/11/1987

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

4. FEI Number: **65-0005983**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
FREEMAN, STEPHEN A. ESQ
SUITE 0-305
520 BRICKELL KEY DRIVE
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name: **Corporation Service Company**
 82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**
 83
 84 City: **Tallahassee** FL 85 Zip Code: **32301**

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: (See Attached) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAN MIGUEL, SERGIO	1.2 NAME	
STREET ADDRESS	2200 NW 70TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	(zip) 33122
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDES, GENO	2.2 NAME	
STREET ADDRESS	2200 NW 70TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	(zip) 33122
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Macia, Evelyn
STREET ADDRESS		3.3 STREET ADDRESS	2200 NW 70th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Tibbitts, J. Brett
STREET ADDRESS		4.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Westlake Village, CA 91361
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Potillo, Beth
STREET ADDRESS		5.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Westlake Village, CA 91361
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Nicols, Janice M.
STREET ADDRESS		6.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Westlake Village, CA 91361

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: **Janice M. Nicols** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/8/99**
 Daytime Phone #: **818-879-6600**

CR2E034 (1/98)

J 91802

*** FILING FEE: \$35.00 ***

401220-90137-

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is:

Flownet, Inc.

2. The mailing address of the corporation is: 31365 Oak Crest Drive A2-4

Westlake Village, CA 91361

3. Date of incorporation/qualification: September 11, 1987 Document number: J91802

4. The name and address of the current registered agent and office:

Stephen A Freeman

s305, 520 Brickell Key Drive

Miami, FL 33131

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

FILED 99 JAN 19 PM 1:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

David W. Perrigo (Signature of an officer, chairman or vice chairman of the board)

January 11, 1999 (Date)

David W. Perrigo, Assistant Treasurer (Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Corporation Service Company Karen E. Wehner (Signature of Registered Agent)

1-10-99 (Date)

If signing on behalf of an entity:

Karen E. Wehner Assistant Vice President (Typed or Printed Name) (Capacity)