Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K60181

PRESTIGE BOUQUET II, INC.

Principal Place of Business									
9450 N	W 12TH	ST							

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33172

Mailing Address

9450 NW 12TH ST MIAMI FL 33172

2a.

26

27

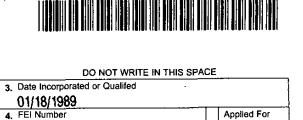
Mailing Address

Suite, Apt. #, etc.

City & State

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 045 \*\*\*150.00



65-0095531

5. Certifcate of Status Desired

6. Election Campaign Financing

23		28				Frust Fund Contribution		Added t	0 1 663
Zip	Country	Zip	Cou	intry		8. This corporation owes the co	urrent year Int	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		Ш.		10. Name and Address of Nev	/ Registered	Agent	
				81	Name				
	IYERS, SUE ANN			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
9450	NW 12TH ST			-	00017				
MIAN	/il FL 33172			83					
	•	•		84	City			85 Zip (	Code
				34	City		FL	.   00   2.5	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nf Florida. Such change	e was authorized	1 DV 1	ine corporation	oration submits this statement for the board of directors. I hereby according to the board of directors and the board of directors.	ne purpose of cept the appoi	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	1 Ageni	t signature required	when reinstating)	DATE		
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PD	□ DEI	LETE 1.1 ΤΙ	TLE				Change	☐ Addition
NAME	CONYERS, SUE ANN		1.2 N	AME	1				
STREET ADDRESS	3610 SW 128TH AVE		1.3 S	TREET	ADDRESS				
CfTY-ST-ZIP	MIAMI FL		1.4 C	TY-ST	-ZIP				
TITLE	STD	□ DEI	.ETE 2.1 TI	TLE				Change	Addition
NAME	KANTAKIS, GEORGE		2.2 N	AME	1				
STREET ADDRESS	78 HIGHVIEW TERRACE		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	HAWTHORNE NJ		2.40	TY-5	T-ZIP				
TITLE		☐ DE	LETE 3.1 TI	TLE				Change	Addition Addition
NAME			3.2 N	AME	ļ				
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	-		3.4. 0	ЛТҮ- <u>5</u>	T-ZIP				
TITLÉ		□ DE	LETE 4,1 TI	ΠLE				Change	☐ Addition
NAME			4.21	IAME	ĺ				
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ity-st	-ZIP				
TITLE		□ DE	LETE 5.1 T	TLE				Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-51	r-zip				e
TITLE		□ DE	LETE 6.1 T	TLE				Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS	İ		6.3 S	TREET	ADDRESS				
0704 07 7/0	{		6.4 C	ITY-ST	r-ZIP				

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** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 (30)592-8127

.... CR2E034 (11/98)