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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

OHLANI	DO FLOWER MART (INC.)						
Principal Pla	ce of Business	Mailing Address				(1 DIBŞI BIDII DIƏLI OXDI	ł Bibil bibil (Bbi
4085-A L.B. M	4085-A L.B. MC LEOD ROA	ND.					
ORLANDO FL		ORLANDO FL 32811	.•				•
					DO NOT WRITE IN	THIS SPACE	•
					3. Date Incorporated or Qualifed		
- 5:	DI				06/04/1990		
	Place of Business	2a. Mailing Address			4. FEI Number	P	Applied For
21	4 4	26			59-3019383		lot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Sta	ate .	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
KU	Bylinski, John		81	Nam e			
			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
•	2 LILLAN HALL LANE			0.,000,,.00.0	Address (1.0. Dox reuniber is red Addeptable)		Constitution Constitution
· UHL	LANDO FL 32812		83			552 317 13 ph ()	THE STATE
	.*		84 (City			61 (學報)對
ar Succession of the second	2.47.5		. [11]	-		FL '	Code
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	thorized by the	e corporation	pration submits this statement for the purpon's board of directors. I hereby accept the	appointment as r	egistered
SIGNATURE		ltions of, Section 607.0505, Flor	ida Statutes. Registered Agent siç			ATE	
_	Signature, typed or printed name of registered ager	ltions of, Section 607.0505, Flor	ida Statutes.			ATE	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent sig		when reinstating) O/	ATE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN D KOBYLINSKI, JOHN	nt and title if applicable. (NOTE:	Registered Agent sig		when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN D KOBYLINSKI, JOHN 4292 LILLAN HALL LANE	nt and title if applicable. (NOTE:	Registered Agent signal 113.	grature required	when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECT	ORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90060 046 ***150.00