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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96537

1. Corporation Name

FLOWERS DIRECT, INC.

| | | | | | • | | | | |
|--|---|--|--|--|--|--|---------------------------|--|-------------------------------------|
| Principal Place of Business | | Mailing Address | | | | | | | |
| 5425 BEAUMONT CENTER BLVD | | | 5425 BEAUMONT CENTER BLVD | | | | | | |
| Suite 920 Tampa Fl 33634 | | TAMPA FL 33634 | SUITE 920 Tampa El 33634 | | DO NOT | WRITE IN | THIS SPACE | | |
| | | US | | | 3. Date Incorporated or Qual | | | | |
| | | | | | | 08/27/1990 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Addres | 55 | | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | | | 36-3727456 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, e | etc. | | | | . 5 | \$8.75 | |
| 22 | | 27 | | | | 5. Certifcate of Status Desire | d 🗆 | Fee Re | quired |
| City & Stat | le | _ City & State | | | | 6. Election Campaign Finance | ing \Box | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | Zip | Cou | untry | | 8. This corporation owes the | current yea | ar Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | 1 | | 10. Name and Address of No | ew Registe | ered Agent | |
| MCC | CLUDE MALLIANA | • | | 81 | Name | | | | |
| | CLURE, WILLIAM | | | 82 | Street / | Address (P.O. Box Number is Not Acc | eptable) | | |
| | 5 BEAUMONT CENTER BLVD | • | | Ш | | | | | |
| 1 | FE 920 | | | 83 | | | | | |
| FAM | IPA FL 33634 | | | 84 | City | | | 85 Zip C | Code |
| | | | | | Uity | | | FL | |
| | | | | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida | a Statutes, the a | bove- | -named | corporation submits this statement for | the purpos | se of changing its | registered |
| office or re | egistered agent, or both, in the State | e of Florida. Such change | e was authorized | d by th | -named he corpo | corporation submits this statement for oration's board of directors. I hereby a | the purpos ccept the a | se of changing its appointment as reg | registered gistered |
| office or re agent. I a | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change | e was authorized | d by th | -named he corpo | corporation submits this statement for ration's board of directors. I hereby a | the purpos ccept the a | se of changing its appointment as reg | registered gistered |
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| office or reagent. I all SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agents. OFFICERS A | e of Florida. Such change lations of, Section 607.05 lent and title if applicable. IND DIRECTORS | e was authorized 505, Florida Stat (NOTE: Registered 13. | d by th | he corpo | oration's board of directors, I hereby a | ccept the a | repointment as requested in the second secon | gistered RS IN 12 |
| office or re agent. I a | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A | e of Florida. Such change ations of, Section 607.05 lent and title if applicable. | e was authorized 505, Florida Stat (NOTE: Registered 13. LETE 1.1 T | d by the tutes. d Agent | he corpo | oration's board of directors. I hereby a | ccept the a | respointment as res | gistered |
| office or reagent. I all SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A P MCCLURE, WILLIAM | e of Florida. Such change pations of, Section 607.05 pent and title if applicable. ND DIRECTORS | e was authorized 505, Florida Stat (NOTE: Registered 13. | d by the tutes. d Agent | he corpo | oration's board of directors. I hereby a | ccept the a | repointment as requested in the second secon | gistered RS IN 12 |
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14. Thereby 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 exclude this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with all address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP