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PROFIT CORPORATION-ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M82218

BONITA FLORIST, INC.

Principal Place	e of Business	Mailing Address				• '		
2000 DOMITA D	ocu pp	3600 BONITA BCH RD						
3600 BONITA BCH RD BONITA SPRINGS FL 33923					·			
		BONITA SPRINGS FL 33923			DO NOT WRITE IN THIS SPACE			
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	-				3. Date Incorporated or Qualifed			
					05/24/1988			ļ
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		·	plied For
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22	,	27			5. Certifcate of Status Desired	W	Fee Re	quired ·
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			¬ · ´ ·		6. Election Campaign Financing		\$5.00	
23		28		_	Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	ent year Intangi	ble	
24	25	29	30		Personal Property Tax.		Yes	I ZNo I
	9. Name and Address of Current		· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New R	egistered Age	nt	1
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11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	s the abo	ve-named o	corporation submits this statement for the pration's board of directors. I hereby accept	ourpose of char	naina its	registered
office or n	egistered agent, or both, in the State of	of Florida. Such change was aut	thorized b	y the corpo	oration's board of directors. I hereby accept	t the appointme	ent as re	gistered
😲 agent. I a	m familiar with, and accept the obligati	tions of, Section 607.0505, Flori	da Statute	es.				ì
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			Registered Agent signature require					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Ag	jent signature re	equired when reinstating)	DATE		-]
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Ag	jent signature re	equired when reinstating) ADDITIONS/CHANGES TO OF		IRECTO	PRS 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 it changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90039 029 ***150.00