

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 018 ***150.00

DOCUMENT # P93000038407

1. Corporation Name
FLORISTAR, INC.

Principal Place of Business
**217 ALTAMONTE COMMERCE BLVD
1226
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address
**217 ALTAMONTE COMMERCE BLVD
1226
ALTAMONTE SPRINGS FL 32714
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1993

4. FEI Number

65-0436644

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

2. Principal Place of Business

2a. Mailing Address

**217 ALTAMONTE COMMERCE BLVD
Suite, Apt. #, etc.**

**217 ALTAMONTE COMMERCE BLVD
Suite, Apt. #, etc.**

SUITE 1312

SUITE 1312

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL

32714 **USA**

32714 **USA**

9. Name and Address of Current Registered Agent

**BUTTICE, LOU
217 ALTAMONTE COMMERCE BLVD
1226
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

**LOU BUTTICE
217 ALTAMONTE COMMERCE BLVD
SUITE 1312
ALTAMONTE SPRINGS, FL 32714**

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: **Lou Buttice**

x 1-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P NIBORSKI, JUDY A**
STREET ADDRESS **1237 ROCHESTER RD**
CITY-ST-ZIP **TROY MI 48083**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: **Judith A. Niborski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-28-99 407-862-7546
Date Daytime Phone #

CR2E034 (11/98)