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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9400002201 (9) DOCUMENT #

FOUR SEASON'S FLOWERS AND GIFTS, INC.

## **FILED** Mar 31 1998 8:00am Secretary of State



Principal Place of Business 4833 OKEECHOBEE BLVD. SUITE 105A W. PALM BEACH FL 33417  2. Principal Place of Business 2. Mailling Address 2. Principal Place of Business 2. Mailling Address 3. Date Incorporated or Qualified 01/10/1994  2. Principal Place of Business 2. Mailling Address 4. FEI Number 65-0459746 No. Applied For No.
SUITE 105A W. PALM BEACH FL 33417 W. PALM BEACH FL 33417 W. PALM BEACH FL 33417  2e. Mailing Address 2e. Mailing Address 2e. Mailing Address 2e. Mailing Address 2f. Suite, Apt. #, etc. 2f. Suite, Apt. #, etc. 2g. City & State 2g. City & State 2g. City & State 2g. City & State 2g. Country 2g. 2g. Suite Address of Current Registered Agent 2g. Name and Address of Current Registered Agent 2g. Name and Address of Current Registered Agent 2g. Street Address (P.O. Box Number is Not Acceptable)  1g. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socions 607 0506, Florida Statutes.  SIGNATURE Signature price from the provisions of PDD (P.C. SAND DIRECTORS) 12 DELETE 11. TITLE PTD (Acceptable)  2g. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/1/10/1994 4. FEI Number 3. Date Incorporated or Qualified O1/1/10/1994 4. FEI Number 5. Certificate of Status Desired   Sant Status De
3. Date Incorporated or Qualified O1/10/1994  2. Principal Place of Business 2.6 Mailing Address 4. FEI Number 5. Certificate of Status Desired Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired 5. S. Certificate of Status Desired 5. S. S. S. S. S. S. S. Additional Fee Required City & State 2.8 Country 2.8 Trust Fund Contribution 5. S.
2. Principal Place of Business
21
Suite, Apt. #, etc.  22  City & State  Country  Zip  Country  Replaced Agent  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Replaced Agent  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Representation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No  No  Replaced Agent  Suite, Apt. #, etc.  Street Address of New Replaced Agent  Street Address of New Replaced Agent  Street Address of New Replaced Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.
Secretificate of Status Desired   Fee Required
Zip Country Zip Country Signature. by sed or printed name of registered agent and title if approaches  Zip Country Signature. by sed or printed name of registered agent and title if approaches  Zip Country Signature. Specific Registered Agent Signature. Signature. Signature. Signature. Specific Registered agent and title if approaches (NOTE: Registered Agent signature required when reinstating)  Trust Fund Contribution Added to Fees Added to Fees String Fund Contribution Personal Property Tax due June 30. Yes No No Note Personal Property Tax due June 30. Yes No Note Personal Property Tax due June 30. Yes No Note Personal Property Tax due June 30. Yes Note Personal Property
Zip
9. Name and Address of Current Registered Agent  GILFUS, LORETTA J  4833 OKEECHOBEE BLVD. SUITE 105A W. PALM BEACH FL 33417  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Vip Code  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 registerer 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, tyled or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehalating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE PTD  Change Additional Agent Signature and Address of New Registered Agent  Name  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Vip Code  FL  85 Zip Code  Change DATE  11. TITLE  PTD  Change Change Change Laddited Agent Signature required when rehalating)  DATE  12. OFFICERS AND DIRECTORS IN 12  Change Change Laddited Agent Signature required when rehalating)
9. Name and Address of Current Registered Agent  GILFUS, LORETTA J  4833 OKEECHOBEE BLVD. SUITE 105A W. PALM BEACH FL 33417  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the abpointment as registered agent, with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byted or printed nanced registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIRE  PTD  Change I Addition
4833 OKEECHOBEE BLVD. SUITE 105A W. PALM BEACH FL 33417  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer 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  Signature, byted or printed nance of registered agent and trife if approache. (NOTE: Registered Agent signature required when relnating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE  PTD  Change  Additional Additional Change Change Additional Change
SUITE 105A  W. PALM BEACH FL 33417  84 City  FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, tyled or printed name of registered agent and trife if approable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICE'RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE  PTD  DELETE  1.1 TITLE  PTD  Change  Additional Additional Control of Change (Change Change)  Change (Change Change Change)
W. PALM BEACH FL 33417  84 City  FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, tyled or printed neck of registered agent and trile if approable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE  PTD  DELETE  1.1 TITLE  PTD  Change  Addition
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CITY-ST-ZIP LOXAHATCHEE FL 33470 1.4 CITY-ST-ZIP LOXCUPOTOBER TI, 33470
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NAME GILFUS, LORETTA J 22 NAME GIVELS LOVE HOLD
NAME GILFUS, LORETTA J  STREET ADDRESS  1485 C ROAD  22 NAME 23 STREET ADDRESS 16847 Shetland Lane
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 a officer or director of the corporation or the receiver or tursies 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 appears in