

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000005530

1. Corporation Name
POINCIANA VILLAGE FLORIST, INC.

Principal Place of Business
 249 ROYAL POINCIANA WAY
 PALM BEACH FL 33460

Mailing Address
 249 ROYAL POINCIANA WAY
 PALM BEACH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1994		4. Applied For Not Applicable	
5. Principal Place of Business 21 Suite, Apt. #, etc.		6. Filing Address 26 106 N. Monroe Ave.	
7. City & State 22 Wenonah, New Jersey		8. Certificate of Status Desired 27 <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Filing County 23 Gloucester		9. Election Campaign Financing 28 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of Current Registered Agent 24 BOZAK, DEBRA 18946 BORD LANE NORTH LOXAHATCHEE FL 33470		11. Name and Address of New Registered Agent 25 Daniel L. Monahan 101 No. J Street Lake Worth, FL 33460	

17. Pursuant to the provisions of Sections 807.0602 and 807.1406, Florida Statutes, the above-named corporation submits the 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 entering into, and accept the obligations of Section 807.0606, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/22/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOZAK, DEBRA	106 N. Monroe Ave	1.2 NAME	
STREET ADDRESS 18946 BORD LANE NORTH	Wenonah NJ 08090	1.3 STREET ADDRESS	
CITY, ST, ZIP LOXAHATCHEE FL		1.4 CITY, ST, ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOZAK, JOSEPH	11	2.2 NAME	
STREET ADDRESS 18946 BORD LANE NORTH	11	2.3 STREET ADDRESS	
CITY, ST, ZIP LOXAHATCHEE FL		2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	02-22-99 90023 0410 \$12,000
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not comply for the corporation stated in Section 118.07(1)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if appropriate on an attachment with my address, with all other like empowerments.

SIGNATURE: *[Signature]* DATE: **12-31-98** **609-462-5873**

CR2004 (11/98)