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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan:

	1996 MENT # P94	000008199 (§	CORPORATIONS		
1. Corporation SYLVI	on Name A LEE'S FLORIST, INC.	•	•	 118/118/1 118 18/14 118/1 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14	
Principal Plac	e of Business	Maring Address			
3413 W CORDELIA STREET TAMPA FL 33607		3413 W CORDELIA STREET TAMPA FL 33607			
				3. Date Incorporated or Qualified 02/01/1994	3a. Date of Last Report 04/10/1995
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite Apl. #, etc		59-3229438	Not Applicable
22	,	27		5. Certificate of Status Desired	\$8.75 Additional
Orty & Stat	е	City & State		Election Campaign Financing	Fee Required \$5.00 May Be
2ip	Country	28		Trust Fund Contribution	Added to Fees
14] Zip	25 Country	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of C			10. Name and Address of New F	
1.00105			81 Name		-Breising Higelit
LOCICERO, SYLIVA L 3413 W CORDELIA STREET TAMPA FL 33607			82 Street Add		nie!
TAMI A	1 5 55007		63		
			84 City		85 Zip Code
11. Pursuant or register	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statut		oration submits this statement for the pur	FL
tamiliar wi SIGNATURE .	to the provisions of Sections 607 red agent, or both, in the State of th, and accept the obligations of Sylvine 5 sector entertainment agence.	Section 607.0505, Florida Statules	tes, the above named corpored by the corporation's boas	oration submits this statement for the pur and of directors. I hereby accept the appr	rpose of changing its registered office ointment as registered agent. I am
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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 appears in Block 12 or Block 13 schanged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE: X

SIGNATURE: X

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEGICAL STATEMENT OR DIRECTOR

LEG