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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008199 (9)

FILED Apr 24 1997 8:00am Secretary of State

SYLVIA LEE'S FLORIST, INC. Principal Place of Business Mailing Address 413 W CORDELIA STREET TAMPA FL 33607 TAMPA FL 33607-1828								
÷					 Date Incorporated or Qualified 02/01/1994 		te of Last F 01/1996	Report
	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
Suite, Apt.	# alo	Suite, Apt. #, etc.	,		59-3229438			ot Applicable
22	π, οιυ.	27			5. Certificate of Status Desired			Additional equired
City & State	e	City & State	. ,		6. Election Campaign Financing		\$5.00	May Be
23	Constan	28	T 6		Trust Fund Contribution			to Fees
Zip 24]	Country	Zip 29	Count	ry	This corporation has liability for Florida Statutes	r intangible		s. 19 9.032,
[4]	25 S. Name and Address of Curre	d.ī - 1	30		10, Name and Address of New R			·
LOC	HCERO, SYLIVA L		8	1 Name				
3413 W CORDELIA STREET TAMPA FL 33607			8:	2 Street Add	dress (P.O. Box Number is Not Accepta	able)		
6.7			8	3				
			8	4 City			85 Zip	Code
						<u>FL</u>		
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida, Such change was pations of, Section 607,0505, F	s authorized I Florida Statut	ive-named corp by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby according to the statement of	ept the appo	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag				poration submits this statement for the ation's board of directors. I hereby acculied when reinstaling. ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN	nont and title if applicable (NC	D11 Flogistered A	geni signature requi		DATE		RS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN D LOCICERO, SYLVIA L	gent and title if applicable (NO VD DIRECTORS	D1f Registered A	geni siulenga Ineg	uired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NO VD DIRECTORS	13. 1.1 TITLE	geni siulenga Ineg	uired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS AN D LOCICERO, SYLVIA L	gent and title if applicable (NE ND DIRECTORS	13. 1.1 71TLE 1.2 NAM 1.3 STRE	geni a gnature requi	uired when reinstaling)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NO VD DIRECTORS	13. 1.1 TITLE 1.2 NAMI 1.3 STREE 1.4 CITY 2.1 TITLE	geni e gnature requi	uired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NE ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 NILE 2.2 NAM	geni e gnature requi	uired when reinstaling)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NE ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	gent a gnature requirement of the second of	uired when reinstaling)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NE ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 NILE 2.2 NAM	gent a gnature requirement of the second of	uired when reinstaling)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME \$TREET ADDRESS CITY-ST-ZIP	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NE) ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	gent a gnature requirement of the second of	uired when reinstaling)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE BTREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NE) ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CTY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CTY 3.1 TITLE 3.2 NAME	gent a gnature requirement of the second of	uired when reinstaling)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	ON BOAD INTO MEDICAL PROPRIED (NO NO N	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CTY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CTY 3.1 TITLE 3.2 NAME	E ET ADDRESS E ST. ZIP E ADDRESS -ST. ZIP ET ADDRESS -ST. ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	gent and title if applicable (NE) ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	E ET ADDRESS - ST- ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	ON BOAD INTO MEDICAL PROPRIED (NO NO N	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 TITLE 4.2 NAM	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	ON BOAD INTO MEDICAL PROPRIED (NO NO N	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 TITLE 4.2 NAM 4.3 STRE 4.3 NAM 4.3 STRE 4.3 NAM 4.3 STRE 4.3 NAM 4.3 STRE 4.4 STRE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHY 3.1 THLE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 THLE 4.2 NAM 4.3 STRF 4.4 CHY	ET ADDRESS -ST-ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	ON BOAD INTO MEDICAL PROPRIED (NO NO N	13. 1.1 TITLE 12 NAM 13 STRE 14 CHY 2.1 TITLE 22 NAM 23 STRE 2.4 CHY 3.1 THLE 32 NAM 33 STRE 34 CHY 4.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	ET ADDRESS -ST-ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 TITLE 4.2 NAM 4.3 STRF 4.4 CHY 5.1 TITLE 5.2 NAME	gent a grature requirement of the second of	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 VITLE 2.2 NAM 2.3 STRE 3.4 CITY 3.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE	gent a grature requirement of the second of	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 TITLE 4.2 NAM 4.3 STRF 4.4 CHY 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CHY 3.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CHY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CHY	ET ADDRESS -ST-ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COCCERO, SYLVIA L 3413 W CORDELIA STREET	DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 VITLE 2.2 NAM 2.3 STRE 3.4 CHY 3.1 THLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 5.2 NAME 5.3 STRE 5.4 CHY 6.1 TITLE 5.2 NAME 5.3 STRE 5.4 CHY 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.4 CHY 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.4 CHY 6.1 TITLE 6.2 NAME	ET ADDRESS -ST-ZIP	uired when reinstaling)	DATE	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a diddress.

RIGNATURE: SYLVIA LEE LOCICERO

Leciro

4/18/97

813 875-9623