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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400008199

1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90156 023 ***150.00

SYLVIA LEE'S FLORIST, INC.									
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	•								
Principal Place	e of Business	Mailing Address				1 1001100011101011111111111111111111111	JEKNA DIJIAN DUKNI UK		18418 IBH 1884
3413 W CORDELIA STREET 3413 W CORDELIA STREET						`			•
TAMPA FL 33607 TAMPA FL 33607						1			
							RITE IN THIS	SPACE	
	•				÷	3. Date Incorporated or Qualife	d ,		
	·					02/01/1994	_	1.	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				59-3229438			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			,	5. Certificate of Status Desired		\$8.75 A	
22		27					_	Fee Rec	
City & Stat	le ' ~-	City & State	-		•	6. Election Campaign Financing	'	\$5.00	
23		28	Ca.	intry		Trust Fund Contribution		Added to	o rees
Zip	Country	Zip		niu y		8. This corporation owes the cu	•		□No
24	25	Pagistared Agent	30	1		Personal Property Tax. 10. Name and Address of New			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New	registeres r	.90.11	
100	ICERO, SYLIVA L			Ш			_		
	3 W CORDELIA STREET			82	Street Addre	ss (P.O. Box Number is Not Accep	table)		
	PA FL 33607			83					
IAIN				100					
				84	City		FL	85 Zip C	Code
				$\perp \perp$				hanaina ita	ragistared
office or f	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change wa	s authorized	d by th	-named corpo he corporation	ration submits this statement for the	ept the appoin	tment as reg	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505,	Florida Stat	utes.					İ
SIGNATURE							DATE		
<u>'</u>	Signature, typed or printed name of registered agent			i Agent :	signature required		DATE FEICERS ANI	DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13.	_	signature required	when reinstating) ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
12.	OFFICERS AND		13. 1.1 Π	TLE	signature required				
12. TITLE NAME	OFFICERS AND D LOCICERO, SYLVIA L	DIRECTORS	13. 1.1 Π 1.2 N	TLE AME	.				
12. TITLE NAME STREET ADDRESS	OFFICERS AND D LOCICERO, SYLVIA L 3413 W CORDELIA STREET	DIRECTORS	13. 1.1 Π 1.2 N 1.3 ST	TLE AME TREET A	AODRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D LOCICERO, SYLVIA L	DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	TLE AME TREET A	AODRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D LOCICERO, SYLVIA L 3413 W CORDELIA STREET	DIRECTORS	13. 1.1 Π 1.2 N 1.3 S 1.4 C 2.1 Π	TLE AME TREET A ITY-ST-	AODRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D LOCICERO, SYLVIA L 3413 W CORDELIA STREET	DIRECTORS DELETE	13. 1.1 Π 1.2 N 1.3 S1 1.4 Cl 2.1 Π 2.2 N	TLE AME TREET A ITY-ST- ITLE AME	ADDRESS -ZIP			☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D LOCICERO, SYLVIA L 3413 W CORDELIA STREET	DIRECTORS DELETE DELETE	13. 11 TT 12 N 1.3 ST 1.4 CT 21 TT 22 N 23 ST 2.4 CT 3.1 TT 3.2 N 3.3 ST 3.4 CT 4.2 N	TITLE TREET AAME TITY-ST- TITLE TREET AAME TREET AAME TREET ATTLE	ADDRESS -ZIP		FFICERS ANI	Change	Addition Addition
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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:

SYLVIAILENLOGICERO REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

875-9623

Daytime Phone #