

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90055 018 ***150.00

DOCUMENT # P94000044238

1. Corporation Name

ENCHANTMENT FLORIST, INC.

Principal Place of Business
1425 SO. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

Mailing Address
1425 SO. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number
65-0514013

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 1418 A. So. Andrews Ave.

1418 A. So. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 - City & State

23 Ft. Lauderdale, Fl.

27 - City & State

28 Ft. Lauderdale, Fl.

24 Zip

33316

Country

USA

29 Zip

33316

Country

USA

9. Name and Address of Current Registered Agent

GIARDINO, NICOLA
1425 SO. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Giardino, Nicola
82 Street Address (P.O. Box Number is Not Acceptable)

83 1418 A. So. Andrews Ave.

84 City Ft. Lauderdale, FL 85 Zip Code 33316

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 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 *Nicola Giardino*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GIARDINO, NICOLA
STREET ADDRESS 1425 SO. ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S
NAME GIARDINO, GIDGET
STREET ADDRESS 1425 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Giardino, Nicola
1.3 STREET ADDRESS 1418 A. So. Andrews Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33316

2.1 TITLE S
2.2 NAME Giardino, Gidget
2.3 STREET ADDRESS 1418 A. So. Andrews Ave.
2.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33316

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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: *Nicola Giardino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99

CR2E034 (11/98)