

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

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

04-20-1999 90055 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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
 21 **1418 A. So. Andrews Ave.**
 Suite, Apt. #, etc.

2a. Mailing Address
 21 **1418 A. So. Andrews Ave.**
 Suite, Apt. #, etc.

22 - City & State
 23 **Ft. Lauderdale, Fl.**

27 - City & State
 28 **Ft. Lauderdale, Fl.**

24 Zip **33316** 25 Country **USA**
 29 Zip **33316** 30 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* DATE **4/13/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIARDINO, NICOLA	
STREET ADDRESS	1425 SO. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIARDINO, GIDGET	
STREET ADDRESS	1425 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **4/13/99**
 Daytime Phone #

CR2E034 (11/98)