


FILED
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Secretary of State

03-06-1999 90135 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000048285

1. Corporation Name

ALLEN ROBERTS FLORAL DESIGNS, INC.

Principal Place of Business

8843 S.E. BRIDGE ROAD
HOBE SOUND FL 33455

Mailing Address

8843 S.E. BRIDGE ROAD
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1994	
21		26		4. FEI Number 65-0504906	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CARANGELO, ROBERT
8420 SE DHARLYS ST
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81	Name	GEORGE ALLEN EIRING
82	Street Address (P.O. Box Number is Not Acceptable)	8420 S.E. DHARLYS STREET
83		
84	City	HOBE SOUND FL
85	Zip Code	33455

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 of 607, 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

Signature, typed or printed name of registered agent and title if applicable.

GEORGE ALLEN EIRING
 (NOTE: Registered Agent signature required when resigning)

DATE

3-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARANGELO, ROBERT	1.2 NAME	GEORGE ALLEN EIRING
STREET ADDRESS	8420 S.E. DHARLYS ST.	1.3 STREET ADDRESS	8420 S.E. DHARLYS ST.
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRES/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EIRING, G. ALLEN	2.2 NAME	PHILIP LONGRINI
STREET ADDRESS	8420 S.E. DHARLYS ST.	2.3 STREET ADDRESS	11127 SE SEAPINES CIRCLE
CITY-ST-ZIP	HOBE SOUND FL 33455	2.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

George Allen Eiring
 SIGNATURE (Typed or Printed Name of Signing Officer or Director)

Date

561-546-8266
 Daytime Phone #

CR2E034 (11/98)