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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mytham

Secretary of late
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000070988 (8)

BEN'S BOUQUETS & BALLOONS, INC.

## FILED Feb 07 1997 8:00am Secretary of State



i imorpai riasse	of Business	Mailing Address				<u>                                     </u>
516 N.W. 23RD AVENUE 516 N.W. 23RD AVENUE						
GAINESVILLE FL 32809		GAINESVILLE FL 32009:				
		-			9 Date In connected or Qualified	3a. Date of Last Report
					3. Date Incorporated or Qualified 09/27/1994	02/07/1996
l. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			59-3280835	Not Applica
Stite, Apt. #	r, etc	Suite, Apt. #, etc.		· · · ·		\$8.75 Additional
Car B Chata		City & State			6. Certificate of Status Desired	- Pegureo
City & State		28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	<i>y</i>	8. This corporation has liability for i	7,0000 10 1 000
4 (p.	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
I FM	AY, STACEY A		81	Name		
518	N.W. 23RD AVENUE		82	Street A	ddress (P.O. Box Number is Not Acceptab	(6)
	NESVILLE FL 32809			Address (F.O. Box Number is Not Acceptable)		
	TOVICEE 1 & SERVE		83			
•			84	City		
•				l Oily		FL 85 Zip Code
	Slaratice, typical or puntiled name of eigeneess as			int signature re	quired when reinstating)	DATE
2.		ID DIRECTORS  DELETE	13. 1.1 <b>F</b> LE	T	ADDITIONS/CHANGES TO OFFICE	
ILE	PD	טננגונ	1.1 ¥£€ 1.2 MME	ļ		Change Addit
ME	LEMAY, STACEY A P.O. BOX 2041		- "	ADDRESS	2710 S.W. 12819 SY	
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Tel. 01 7/0			17/ 91-3	1,7411	TOCKIEN OF THE LIKE	
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Independent of this information supplies that the information indicated on this annual report or supplemental annual report of the corporation or the receiver or trustee empowered to be the same legal effect as if made under oath; that I am an efficer or director of this corporation or the receiver or trustee empowered to be the sequired 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.

SIGNATURE

MUM LE HIND SACY HALLER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR O

800-447-4432 Dayline Prone #