


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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90088 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008134

1. Corporation Name  
APRIL GARDENS FLORIST, INC.



Principal Place of Business 41-C SOUTH HIGHWAY 17-92 DEBARY FL 32713	Mailing Address 41-C SOUTH HIGHWAY 17-92 DEBARY FL 32713
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Moved

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 98-A S. Highway 17-92 Suite, Apt. #, etc.		2a. Mailing Address 26 98-A S. Hwy 17-92 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/25/1995	
22 City & State 23 Debary, FL Volusia		27 City & State 28 Debary, FL		4. FEI Number 59-3294995	
24 32713		29 32713		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Volusia		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FRANCE, ANNA 168 COMMUNITY DRIVE - Moved DEBARY FL 32713		10. Name and Address of New Registered Agent 81 Name Anna France 82 Street Address (P.O. Box Number is Not Acceptable) 146 Lake Pearl Dr 83 84 City Lake Helen, FL 85 Zip Code 32744			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	FRANCE, ANNA K	1.2 NAME	France, Anna K.
STREET ADDRESS	168 COMMUNITY DRIVE	1.3 STREET ADDRESS	146 Lake Pearl Dr
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	Lake Helen, FL 32744
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Anna K. France

1-14-99

Date

407-668-9958

Daytime Phone #

CR2E034 (11/98)