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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033938 (8)

GRASSROOTS PLANTS AND FLORAL DESIGN, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
12126 54TH		12126 54TH ST., NORTH							
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified) DI ACL		
						04/26/1995			
9 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied Co.	
	-							Applied For	
Suite, Apt.	# ato	Suite, Apt. #, etc.		_		65-0581317		Not Applicable	
	π, σ ιο.					5. Certificate of Status Desired		5 Additional Required	
City & Stat	la .	City & State							
23	_ •					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	· ·					
24	25	29	30	,	1	 This corporation owes or has paid the c Personal Property Tax due June 30. 	Yes	r intangible	
241	9. Name and Address of Curre		1901			10. Name and Address of New Registered			
i) D	REYER, SUSAN		81	П	Name				
				╙					
12126 54TH ST., NORTH ROYAL PALM BEACH FL 33411				82 Street Address (P.O. Box Number is Not Acceptable)					
				3					
			*`	1					
			84	1	City		85 2	Zip Code	
-				1		ration submits this statement for the purpose			
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statule	s.		n's board of directors. I hereby accept the ap	poinimeni	t as registered	
	Signature, typed or printed name of registered a			gent:	signature required				
12.	OFFICERS AI	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	VD DIRECT		
TITLE	DREYER, SUSAN	☐ vecete	1.1 TITLE				L CHAIL	ige 🔲 Addition	
NAME	12126 54TH ST., NORTH		1.2 NAME						
STREET ADDRESS	ROYAL PALM BEACH FL 33	444	1.3 STREE		1				
CITY-ST-ZIP	HUTAL FALM DEACH FL 33		1.4 CITY -	\$T	ZIP		77.05	and the second	
TITLE		☐ DELE t é	2.1 TITLE				Chan	ige L. Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	1 AD	ODRESS				
CITY-ST-ZIP			2. 4 CiTY-	ST-	·ZIP				
TITLE		☐ DELETE	3.1 TITLE				L Chan	ge L Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T AD	ODRESS				
CITY-ST-ZIP			3 4. CITY-	ST-	- ZiP				
TITLE		☐ DELETE	4.1 TITLE				L Chan	ge 📙 Addition	
NAME			4. 2 NAME						
STREET ADDRESS	·		4.3 STREE	T AD)DRESS				
CITY-ST-ZIP			4.4 CITY-	ST-	ZIP				
TITLE		DELETÉ	5.1 TITLE				Chan	ge 🗌 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	1 AD	ODRESS				
CITY-ST-ZIP			5.4 CITY -	ST-Z	ZIP				
TITLE		DELETE	6.1 TITLE				☐ Chan	ge Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE		DORESS				
01TV CT 7/D					THE				

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 coelever 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.

4-20-05