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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000054518 (2)

BED BOUQUET, INC.

Princip	oal Plac	ce of Bu	siness
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Mailing Address

FILED May 14 1997 8:00am Secretary of State



18356 NORTH HIALEAH FL S	WEST 68 AVENUE, APT 1-F 33015		PRTHWEST 68 A FL 33015-3439	AVENUE. APT	1-F		
							Pate of Last Report 1/30/1996
2. Principal Place of Business 21		├	g Address			4. FTI Number	Applied For
Sulle Ant	#. etc.	26 Suite	Apt. #, etc.			-65-0505716 G5-059738	Not Applicable
22		27	, p., , , , , , , , , , , , , , , , , ,			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City 8	State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7ip 29		Countr 30	У	8. This corporation has liability for intangible. Florida Statutes	
	9. Name and Address of Curr					10. Name and Address of New Registered	Agent
	E LAW FIRM OF LAWRENCE J	SPIEGEL CHR	TD .	81	Name	ne	
	ALMERIA AVENUE			82	2 Stree	et Address (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134			83			
				0.	'		
				84	City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607 150	8 Florida Statu	ites the abov	name	FI	a chancing de conisteres
office or a	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida, Suc	h change was	authorized b	y the co	ed corporation submits this statement for the purpose or orporation's board of directors. Thereby accept the ap	pointment as registered
SIGNATURE	The state of the s	igano io oi, ocon	5 1 007.0000, 1	ioneia Statute	٠٥.		
	Signature, typed or pented name of registered a	igent and the it applica	tile (NO	TE Registered Ag	jorit signatu	ure required when reinstating) DATE	
12,		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTO BETHEL, FRED U		∐ DELETE	1.1 TOLE			Change Addition
NAME STREET ADORESS	18356 NORTHWEST 68 AVE	NIIE ADT 1.E		1.2 NAM(
CITY-ST-ZIP	HIALEAH FL 33015	NOL, AFT 14			T ADDRESS	S	
TITLE	V		DELETE	1.4 CITY - 2 1 TITLE	ST- ZIP		Charige Addition
NAME	STEVENS, FREDDIE			2.2 NAME			□ change □ Modition
STREET ADDRESS	18358 NORTHWEST 68 AVE	NUE, APT 1.F		l.	t addaess	s	
CITY-ST-ZIP	HIALEAH FL 33015			2 4 CITY			
TITLE			DELETE	3 1 117LF		1	Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3 3 STREE	1 ADDRESS	s	
CITY-ST-ZIP			-pmg	3 4. CITY -	S1 - ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME Proces approces				4. 2 NAME			
STREET ADDRESS					I ADDRESS	5	
CITY-ST-ZIP			DELETE	4.4 C(1Y - : 5.1 TITLE	ST - ZIP		Change Addition
NAME				5.2 NAME			The Analogo The William
STREET ADDRESS					LADORESS	s	
CITY-ST-ZIP				5.4 CITY-		·	
TITLE			DECEMB	6.1 TRLE			Change Addition
NAME				6.2 NAME			, <u></u>
STREET ADDRESS				53STREE	I ADDRESS	S	
CITY-ST-ZIP				6.4 CITY-1	ST - Z IP		

I do 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 chapter 607 or on an attachment with an address.

CICNATURE:

4/20/00 1

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