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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



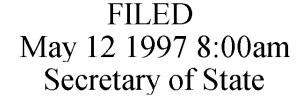
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500066808 (3)

FLOWERS & GIFTS OF ALTAMONTE INC.



478 EAST ALTAMONTE DRIVE SUITE 110 ALTAMONTE SPRINGS FL 32701		SUITE 110	LTAMONTE DI SPRINGS FL			Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 05/01/1996
2. Principal Pla	ace of Business	2a. Mailing A	Address			4. FEI Number	Applied For
21		26				APPLIED FOR 59-	
Suite. Apt 4		27	4			5. Certificate of Status Desired	
City & State		City & St	ate			6. Election Campaign Financing	\$5.00 May Be
23	Constant	28				Trust Fund Contribution	Added to Fees
- Zip 111	Country	Zip	Country 30		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes	
24	25] 9. Name and Address of Co	29 29 Age	ent	[30]		10. Name and Address of New Re	
CHII				81	Name	,,,	
	CHIN, FRANK 478 EAST ALTAMONTE DRIVE				0	70.0	
	E 110			82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)
	ALTAMONTE SPRINGS FL 32701			83	<u> </u>	***************************************	
74211	***************************************	•				W-10-11-11-11-11-11-11-11-11-11-11-11-11-	
				84	City		FL 85 Zip Code
office or re agent. Lar SIGNATURE	Segnature: Typiex or prime at rearner of register	ed agent and title if applicable				poration submits this statement for the pation's board of directors. I hereby accelured when reinstaling)	4/26/97·
12.	OFFICERS	S AND DIRECTORS	-	13.		ADDITIONS/CHANGES TO OFFICE	
THIS	P	L	DELETE	1.1 TITLE			Change L Addition
NAME	CHIN, FRANK	DAME ALITE AAA		12 NAME		•	
STREET ADDRESS	478 EAST ALTAMONTE D			13 STREE	r address		
CHY-S1 ZiF	ALTAMONTE SPRINGS FL		T ocuere	14 CITY-	ST-ZIP		
TITLE	VP	L	DELETE	2.1 TITLE			Change Addition
NAME	CHIN, BRENDA	DIVE CHITE 110		2.2 NAME			
STREET ADDRESS	478 EAST ALTAMONTE D ALTAMONTE SPRINGS FL				ADDRESS		
ODY ST-7P	VP		DELETE	2 4 CITY 3.1 TITLE	S1-ZIP		Change Addition
NAME	CHIN, NATASHA	L	J occur	3.2 NAME		;	Orlange Prediction
STREET ADDRESS	478 EAST ALTAMONTE D	DIVE SHITE 110		1	r address		
- 1	ALTAMONTE SPRINGS FL			ſ	í		
CHY-ST ZIP	ALIMIONIE OF MINOS IL		DELETE	3.4. CITY- 4.1 TITLE	51-2Ir		Change Addition
NAME.			_	4.2 NAME			
STREET ADURESS					T ADDRESS		
C17-51-7/P				4.4 CITY-1	1		
lii:f			DELETE	5.1 TITLE	J1 - En		Change Addition
NAME (5.2 NAME			
STREET ADDRESS					r address		
CHY-ST ZIP				5.4 CITY-1			
BILE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS					I ADDRESS		
U:fry-S1-7/P				6.4 CITY	ST-ZIP		
14. 1 do hereb	y certify that the information sur	oplied with this filing de	oes not qualif	v for the exe	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

14. 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 efficer 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.

SIGNATURE:

DECOO TO THE ON AME OF BIGNING OFFICER OR DIRECTOR

4/26/97

407 834 6002

2040011