## 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 # P95000078631 (5)

FLOWERS BY YOUNG, INC.

## **FILED** Mar 27 1998 8:00am Secretary of State



Directors Disease ( Divisions )						BBIR EBRI BERN EBRI 1	ARE IRRE PIRE I		
Principal Place of Business Mailing Address									
1280 WEST BAY DRIVE 1280 WEST BAY DRIVE									
LARGO FL 33770		LARGO FL 33770			1 00	DO NOT WRITE IN THIS SPACE			
•					3. Date incorporated or			<del></del>	
					10/09/1995				
2. Principal	Place of Business	2a, Mailing Address			4. FEI Number		T A	pplied For	
21		26			59-3336906			ot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			" "		<del></del>	Additional	
22		27			5. Certificate of Status (	Desired		equired	
City & Sta	ite	City & State				inancing	\$5.00	May Be	
23		28			Trust Fund Contributi			to Fees	
Zip	Country	Zip	Zip Country			s or has paid the d			
24	25	29 3	ō		Personal Property Ta			No	
	g. Name and Address of Curren				10. Name and Address	of New Registere	d Agent		
Н	RST, EDWARD		Į	11 Name	HIRST, Edwa	4 N			
3665 EAST BAY DRIVE, SUITE 188			-		ddress (P.O. Box Number is No		<del></del>		
LARGO FL 34641				1280	WEST BAY D	( ) U )		]	
			1	3	<u> </u>				
			L						
			ľ	City L	7860	F	85 Zig	770	
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 age:	I and little if applicable (NOTE: F	Registered /	gent signature rec	quired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	D	DELETE	1.1 TITL				Change	☐ Addition	
NAME	HIRST, EDWARD		1.2 NAN	E				1:	
STREET ADDRESS	2279 WILLOWBROOK DRIVE		1.3 STR	ET ADDRESS				1	
CITY-ST-ZIP	CLEARWATER FL 34624		1.4 CITY	-ST-ZIP				13	
TITLE	D	DELETE	2.1 TITU				Change	Addition	
NAME	HIRST, YOUNG SOOK		2.2 NAM	E					
STREET ADDRESS	2279 WILLOWBROOD DRIVE		2.3 STR	ET ADDRESS				ŀ	
CITY-ST-ZIP	CLEARWATER FL 34624		2.4 CIT	r-SY-ZIP					
TITLE		DELETE	3.1 TITL		,		☐ Change	☐ Addition	
NAME			3.2 NAM	E			-		
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	'-ST-ZIP					
TITLE		☐ DELET <b>E</b>	4.1 TITL				☐ Change	☐ Addition	
NAME			4. 2 NAN	1E			-	1	
STREET ADDRESS			4.3 STR8	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY						
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAM	1					
STREET ADDRESS			1	ET ADDRESS				•	
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME		<del>-</del>	6.2 NAM	i					
STREET ADDRESS			ł	ET ADDRESS					
CITY-ST-ZIP									
UIT 1 - U ( * ZIF			6.4 CITY	-01-LIF					

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.