


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 24 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000096514 (1)**

1. Corporation Name
THE COOKIE FLORIST, INC.

| | |
|---|---|
| Principal Place of Business 171B WEST FAIRBANKS AVENUE WINTER PARK FL 32789 | Mailing Address 171B WEST FAIRBANKS AVENUE WINTER PARK FL 32789 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|-------------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/01/1996 | | 3a. Date of Last Report | |
| 21 | | 26 | | 4. FEI Number 59-3350258 | | Applied For | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Zip | Country | 29. Zip | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| YOUNG, DAVID A 171B WEST FAIRBANKS AVENUE WINTER PARK FL 32789 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | PTD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | President, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, DAVID A | 1.2 NAME | Young, Dawn M. |
| STREET ADDRESS | 1593 LAWDAE CIRCLE | 1.3 STREET ADDRESS | 1593 Lawndale Circle |
| CITY-ST-ZIP | WINTER PARK FL 32702 | 1.4 CITY-ST-ZIP | Winter Park, FL 32792 |
| TITLE | VSD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Vice Pres, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, DAWN M | 2.2 NAME | Young, David A. |
| STREET ADDRESS | 1593 LAWDAE CIRCLE | 2.3 STREET ADDRESS | 1593 Lawndale Circle |
| CITY-ST-ZIP | WINTER PARK FL 32702 | 2.4 CITY-ST-ZIP | Winter Park, FL 32792 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 400002253104--6 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | -07/30/97--01106--012 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | ****165.00 ****165.00 |
| NAME | | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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.

SIGNATURE **Dawn M Young** **7/14/97** **(407) 740-8614**

CP2E034 (4/97)

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July 14, 1997

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

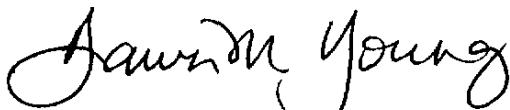
Dear Sirs or Madam,

Please find enclosed our 1997 Profit Corporation Annual Report. We are returning it today as we did not receive the original application in January.

Per our conversation with your office today, we are enclosing a check for the original amount of \$165.00. Should there be any problems with this, please do not hesitate to call us at (407) 740-8664.

Thank you in advance for your attention in this matter.

Sincerely,



Dawn M. Young, President
THE COOKIE FLORIST, INC.

Encls.