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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096514 (1)

THE COOKIE FLORIST, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							•	E CORFIGEN ESR SOLON MININ ORINI DATES DA	11 80 11 8 1 0 111	U DHINH NITHE I	(B)) Albi iAbi		
171B WEST FAIRBANKS AVENUE 171B WEST FAIR WINTER PARK FL 32789 WINTER PARK FL								DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified					
								01/01/1996					
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For		
21				[26]				59-3350258			Not Applicable		
Suite, Apt. #, etc.				Suite, Apt #, etc.				5. Certificate of Status Desired		Fee Required			
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip Country				Zip Country			/	8. This corporation owes or has paid the current year Intangible					
24					30			Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
YOUNG, DAVID A							Name						
1	IB WEST FA NTER PARK	airban ks avent (FL 32789	Æ			82	Street Ad	ress (P.O. Box Number is Not Acceptable)					
						83		<u> </u>					
						84	City		FL	85 Zip	Code		
11. Pursuant office or ragent. La	to the provis egistered ag m familiar wi	ions of Sections 607 gent, or both, in the 5 ith, and accept the c	.0502 and 6 State of Flori bligations o	507.1508, Florida St ida. Such change w of, Section 607.0505	latutes, the vas authoriz 5, Florida St	abov ed b	e-named co y the corpoi s.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of	changing ointment a	its registered is registered		
SIGNATURE	Planth at 5 and	for printed name of registra			OKAL Domini	and An	ant niovature and	quired when reinstating)	DATE				
12.	Signature tylesid			ID DIRECTORS			eni signature rec	ADDITIONS/CHANGES TO OFFIC		DIRECTO	IRS IN 12		
TITLE	PŤ	0		DELETE		TITLE	···	ADDITIONO/OFFICE TO OFFICE	2110 /1110	Change			
NAME		DAWN M			1.2	NAME							
STREET ADDRESS		WNDALE CIRCLE			1.3	STREET	T ADDRESS						
CITY-ST-ZIP		PARK FL 32792					ST-ZIP						
TITLE	VPS			DELETE		TITLE				Change	☐ Addition		
NAME	YOUNG.	DAVID A			2.2	NAME							
STREET ADDRESS		WNDALE CIRCLE			2.3	STREET	T ADDRESS		•.•				
CITY-ST-ZIP	WINTER	PARK FL 32792			2.4	CITY-	ST-ZIP						
TITLE				☐ DELETE	3.1	TITLE				Change	☐ Addition		
NAME					3.2	NAME							
STREET ADDRESS					3.3	STREET	T ADDRESS						
CITY-ST-ZIP					3.4	CITY -	ST-ZIP						
TITLE				☐ DELET E	4.1	TITLE				L Change	Addition		
NAME					4.2	NAME							
STREET ADDRESS					4.3	STREET	T ADDRESS						
CITY-ST-ZIP						CITY-5	ST-ZIP						
TIFLE				☐ DELETE		TITLE				☐ Change	Addition		
NAME					5.2	NAME							
STREET ADDRESS					5.3	STREET	T ADDRESS						
CITY-ST-ZIP							ST-ZIP						
TITLE				☐ DELETE	6.1	TITLE				Change	Addition		
NAME					6.2	NAME							
STREET ADDRESS					6.3	STREET	T ADDRESS						
CITY-ST-ZIP	L				6.4	CITY - S	ST-ZIP						

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 suppliemental 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