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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000096514

1. Corporation Name

THE COOKIE FLORIST, INC.

Principal	Place	of	Business
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Mailing Address

1718 WEST FAIRBANKS AVENUE

171B WEST FAIRBANKS AVENUE

## FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90007 002 \*\*\*150.00



WINTER PARK FL 32/89		WINTER PARK FL 32703		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed				
					01/01/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	Ap	plied For		
21		26			59-3350258	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A			
22		27			5. Certificate of Status Desired	Fee Re	quired		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	- 1		
23		28			Trust Fund Contribution	Added to	o Fees		
Zip	Country	Zip	Country		<ol><li>This corporation owes the current year Ir</li></ol>				
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes	<u>Lavo</u>		
	9. Name and Address of Curren	t Registered Agent	-		10. Name and Address of New Registered	Agent			
VOLI	NC DAVID A		81	Name					
YOUNG, DAVID A 1718 WEST FAIRBANKS AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	TER PARK FL 32789			L					
AAIIAI	IER PARK FL 32/09		83						
			84	City		85 Zip (	Code		
					<u>FI</u>	<b>-</b>			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	-named c	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appo	f changing its sintment as re	registered gistered		
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes		, , , , , , , , , , , , , , , , , , , ,	`	·		
SIGNATURE									
	Signature, typed or printed name of registered age			it signature rec	equired when reinstating) DATE	ND DIDECTO	DC IN 12		
12.		ID DIRECTORS	13. 1.1 TITLE	$\overline{}$	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition		
TITLE	PT VOLING DAMALM	E VECETE							
NAME	YOUNG, DAWN M	ļ	1.2 NAME						
STREET ADDRESS	1593 LAWNDALE CIRCLE			TADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE	1.4 CITY-S	r-zip		Change	Addition		
TITLE	VPS	Deceie	2.1 TITLE						
NAME	YOUNG, DAVID A		2.2 NAME						
STREET ADDRESS	1593 LAWNDALE CIRCLE	f		TADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE	2. 4 CITY-5 3.1 TITLE	T-ZIP		Change	Addition		
TITLE		C Detell	3.1 TITLE			_ *-	_		
NAME			l.	T 4000000					
STREET ADDRESS				TADDRESS			•		
CITY-ST-ZIP			3.4. CITY-5 4.1 TITLE	,1-ZIP		Change	Addition		
TITLE		- Dette it	4 2 NAME				_		
NAME				TADDRESS					
STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-217		☐ Change	☐ Addition		
TITLE		T DECELE	5.1 NAME			•	_		
NAME				T ADDRESS			)		
STREET ADDRESS			5.4 CITY - S	i			i		
CITY-ST-ZIP			6.1 TITLE			Change	Addition		
NAME			6.2 NAME	-					

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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP