

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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000017727 (4)

1. Corporation Name

GULF BEACHES FLORIST, INC.



Principal Place of Business

Mailing Address

209 FIRST STREET  
SUITE 3  
INDIAN ROCKS BEACH FL 34635

209 FIRST STREET  
SUITE 3  
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 16609 GULF BLVD.		26 16609 GULF BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 N. Redington Bch FL		28 N. Redington Bch FL	
Zip		Zip	
24 33708		29 33708	
Country		Country	
25 Pinellas		30 Pinellas	

3. Date Incorporated or Qualified	
02/27/1996	
4. FEI Number	Applied For
59-3363233	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FREDERICK, JUDY 16609 GULF BLVD NORTH REDINGTON BEACH FL 33708		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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

Judy Frederick

(NOTE: Registered Agent signature required when reinstating)

April 1, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PSD	1.1 TITLE	
NAME	FREDERICK, JUDY	1.2 NAME	
STREET ADDRESS	209 FIRST STREET, SUITE 3	1.3 STREET ADDRESS	16609 GULF BLVD
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	1.4 CITY-ST-ZIP	N. Redington Bch FL 33708
TITLE	VTD	2.1 TITLE	
NAME	KUSHMAUL, ALVIN	2.2 NAME	
STREET ADDRESS	16609 GULF BLVD	2.3 STREET ADDRESS	16609 GULF BLVD
CITY-ST-ZIP	N. REDINGTON BEACH FL	2.4 CITY-ST-ZIP	N. Redington Bch FL 33708
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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

Judy Frederick

CR2E034 (10/97)