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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000026102 1. Corporation Name HUNTERS CREEK FLORISTS, INC. 13813 HUNTWICK DRIVE ORLANDO, FL. 32837

FILED
Jun 10 1997 8:00am
Secretary of State

Principal Plac	e of Business			Mailing Addres	SS							
	4022	TOWN	CENTER	- KIN								
	4072 OR(M.			- 13618								
	DRUMB	10, FC	328	27				9 Data Incorporated as Qualified	1 65 "Da	I = -( I = -	+ D	_
								3. Date Incorporated or Qualified 3/27/96	Ja. Da	ie oi Las	t Report	
`	Place of Busine	2a. Mailing Address				4. FEI Number			Applied For			
21				26				59-337/956 Not Applica			Not Applicable	е
Suite, Apt. #, etc.				Suite, Apt #. etc.				5. Certificate of Status Desired		•	5 Additional	
22				27						Fee	Required	
City & State				City & State				6. Election Campaign Financing	\$5.00 May Be			
23	75a			28				Trust Fund Contribution			ed to Fees	_
Zip 24	Country .			Zip Country			y	B. This corporation has liability for intengible tax under s. 199.032,     Florida Statutes     Yes    No				
24				29 egistered Agent	30	L		Florida Statutes  10. Name and Address of New Reg				4
						81	Name		jistorou z	gent		-
ar.	NUR	MOHS	BASAR	21A			ļ					
13813 HUNTWICK DRIVE.						82	2 Street Address (P.O. Box Number is Not Acceptable)					
				,		83	<del>                                     </del>					-
OL	CANDO,	£7.	32837									
1	_		•			84	City		FL	85 Z	ip Code	٦
11 Director	to the provisio	ne of Soction	607.0502.25	d 607 1509 Flor	ida Statutas, t	bo obou	lo nomes	corporation submits this statement for the pa				,—
office or r	registered age	nt, or both, in	the State of F	lorida. Such cha	nge was autho	orized b	y the cor	poration's board of directors. I hereby accep	the appo	changini intment	as registered as registered	'
agent. I a	am t <b>am</b> iliar with	i, and accept	the obligation	s of, Section 607	7.0505, Florida	Statute	S.					
SIGNATURE	Signature, typed or	oriolad page of a	ruslavad ecan' ec	dute of applicable	/NOTE Box	ustered An	oni sionali r	e required when reinstating)	DATE.			
12.	Signature, typeco co		CERS AND DI		flacit 143	13.	cit, and terror	ADDITIONS/CHANGES TO OFFICE		DIBECT	OBS IN 12	$\dashv_a$
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CITY-ST-ZIP						64 CHY-S		***165.00				
14. I do hereb	by certify that t	he information	supplied wit	h this filing does	not qualify for	the exe	mplion s	stated in Section 119.07(3)(i), Florida Statutes	. I further	certify th	at the	

In the positive of the information supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(f). Provide statetes. Flurther 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, the lam an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bjock 13 if changed, or on an attachment with an address.

SIGNATURE

HONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone i