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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037338 (6)

BIRD OF PARADISE FLORIST, INC.

Principal Place of Business	Mailing Address	
4037 MARINER BLVD SPRING HILL FL 34609	4037 MARINER BLVD SPRING HILL FL 34609	

FILED Feb 06 1998 8:00am Secretary of State



2. Principal Place of Business	4037 Mariner Blvd Spring Hill Fl 34609 Spring Hill Fl 34609						
A Joint	SPRING FILL FL 34005		SPRING MILL PL S	4009		DO NOT WRITE II	N THIS SPACE
2. Principal Race of Business						3. Date Incorporated or Qualified	<u> </u>
2. Principal Race of Business 2.a. Mailling Address 4. FEI Number 1. Applicable 59-3380.311 Not Applicable 1. Suit. Apt. 8, etc. Suit. Apt.						04/30/1996	
Suite, Apt. 8, etc.	2. Principal Place of Busine	ess	2a. Mailing Addres	s			Applied For
Suite, Apt. 8, etc.			├ - , `		59-3380311		
State Stat							CO 75 A 450
City & State 2 20			27	7		5. Certificate of Status Desired	,
Zeb						6. Election Campaign Financing	\$5 00 May Ba
Zip Country Zip Country B. Trais corporation over or has paid the current year Inangible Personal Property 3ar dute, une 30. Yes No			28	~			
28		Country		Cou	ntry		
9. Name and Address of Current Registered Agent NESSLER, PAUL H JR 4U52 COMMERCIAL WAY SPRING HILL FL 34006 88 Steel Address (P.O. Box Number is Not Acceptable) 89 City FL 85 Zip Code 11. Pursuant to the provisions 67 Sections 507.0502 and 607.1505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Frorids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the state of the purpose of changing its registered agent in the purpose of changing its registered agent in the purpose of changing its registered agent in the purpose of changing its registered agent. I have a complete agent in the purpose of changing its registered agent. I have a complete agent as registered agent and accept the obligation of, Section 607.0505, Florids Statutes, the above-named corporation is board of directors. I have a complete agent as registered agent and accept the obligation of, Section 607.0505, Florids Statutes, the above-named corporation is board of directors. I have a complete agent as registered agent and accept the obligation of accept and accept the obligation of accept and accept the obligation of accep	24	25	29	_			
Addition NAME TITLE		and Address of Current I					
4052 COMMERCIAL WAY SPRING HILL FL 34606 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 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered address or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's about of directors. I hereby accept the appointment as registered agont, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE	NESSLER PAL	II H JR			81 Name		
SPRING HILL FL 34606 83 84 City FL 85 Zip Code 11. Plursuant 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 agent, or his me state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or his man advance pit the deligations of, Section 607/0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE POPICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE POPICERS AND DIRECTORS 13. TITLE POPICERS AND DIRECTORS 14. SITEMA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE TITLE TO DELETE 1. TITLE TO Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE TO CHANGE STREET ADDRESS CITY-ST-ZIP HUDSON FL DELETE 3. TITLE DELETE 3. TITLE DELETE 3. TITLE DELETE 4. TITLE DELETE 4. TITLE DELETE 4. TITLE DELETE 5. TITLE DE							
State Part					82 Street Addr	ess (P.O. Box Number is Not Acceptable	-
Section Sect	OF MING SHELL	L 34000			83		
1. 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, 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, 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, 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, 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, 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, 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, or both, in the state of Florida. Such change is stated agent and accept the appointment as registered agent accept the appointment as registered agent agent and accept the appointment as registered agent accept the appointment accepts the appointment accepts and accepts a subject to the appointment accepts and accepts a subject to the appointment accepts an							
11. Pursuant to the provisions of Sections 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and size it applicable. (NOTE: Registered Agent signature required when rehotating) DATE					84 City		85 Zip Code
SIGNATURE Signature, hyped or printed name of registered agent and site if applicable. NOTE: Propinted adent signature required when relevating) DATE		C CO7 0500 -	4 COT 1500 Florida	Chatridge the al		and the state of t	
SIGNATURE Signature, hyped or printed name of registered agent and site if applicable. NOTE: Propinted adent signature required when relevating) DATE	office or registered age	ent, or both, in the State of	Florida. Such change	Statutes, the at was authorized	bove-named corp d by the corporati	lon's board of directors. I hereby accept	the appointment as registered
Signature, typeed or printed name of registrated apport about title it applicable. (NOTE: Politised Agent deponature required when rehitating) DATE 12. OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE		n, and accept the obligation	ons or, Secuon 607.00	ios, fiorida stat	utes.		ŧ
TITLE	SIGNATURE	or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent signature require	od when reinstating)	DATE
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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	14. Thereby certify that the	information supplied with	this filing does not au			Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the Information