

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050561 (5)  
1. Corporation Name  
PLANTATION FLORIST, INC.

Principal Place of Business

963 N MOB HILL RD  
PLANTATION FL 33324  
US

Mailing Address

2735 N.W. 119TH TERRACE  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 9569 NW 9 Court		06/13/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Plantation FL		65-0673775	
24 Country		29 33324		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CASEY, MARGIE 2735 N.W. 119TH TERRACE CORAL SPRINGS FL 33065				81 Name Margie E. Casey	
				82 Street Address (P.O. Box Number is Not Acceptable) 9569 NW 9 Court	
				83	
				84 City Plantation FL	
				85 Zip Code 33324	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, MARGIE	1.2 NAME	
STREET ADDRESS	2735 N.W. 119TH TERRACE	1.3 STREET ADDRESS	9569 NW 9 Court
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	Plantation FL 33324
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, DENNIS	2.2 NAME	
STREET ADDRESS	2735 N.W. 119TH TERRACE	2.3 STREET ADDRESS	9569 NW 9 Court
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	Plantation FL 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

M. Casey, Pres.

4/30/98

954 474 7878

CR2E034 (10/97)