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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000053038**1. Corporation Name

CIN-CEIL'S FLORIST & GIFT SHOPPE, INC.

		· · · · · · · · · · · · · · · · · · ·			DA-PA-1888 V				
Principal Plac	ce of Business	Mailing Address					•		
	ARY TRAIL #23	2695 N. MILITARY TRAI							
MESI PALM B	BEACH FL 33409	WEST PALM BEACH FL	. 33409			, DO NOT WRITE IN	THIS SPACE		
					•	3. Date Incorporated or Qualifed			
						06/21/1996			
2. Principal P	Place of Business	2a, Mailing Address				4. FEI Number		Applied For	
21		26				65-0676379	 -	Not Applicable	e.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-				Additional	-
22		27	¬ '''			5. Certificate of Status Desired	•	Required	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	•	d to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ar Intangible	_	
24	25	29	30			Personal Property Tax.	∐Yes	No	
	9. Name and Address of Curre	ent Registered Agent	11			10. Name and Address of New Registe	ered Agent		
				81	Name				
	RISTOPHER, VONCEIL				0)	(5.0.5.1)			
102	O DAVIS ROAD			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		j	
WES	ST PALM BEACH FL			83		P2 4 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1860 J. 18	1.15.17.	
							Maria A	an said is is	
÷				84	City		FL 85 Zi	p Code	
						•			
44 Pursuant	to the provisions of Sections 607.06	02 and 607 1509 Elected Sta	tutos the s	boyo	named come	ration authorite this statement for the nurna	e of changing	ite registered	
office or r	registered agent, or both, in the Stat	e of Florida, Such change was	s authorized	by th	named corpor ne corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing appointment as	its registered registered	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida, Such change was	s authorized	by th	named corpor ne corporation	ration submits this statement for the purpor's board of directors. I hereby accept the a	se of changing appointment as	its registered registered	
office or r	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, I	s authorized Florida Stat	d by th utes.	ne corporation	's board of directors. I hereby accept the a	appointment as	its registered registered	
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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. Storida Statutes; and that my name appears in Block 12 or Block 13 it cylanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-30-99 561-686. 3331

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90019 009 ***150.00