AMENDED

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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -1 AM 9:50

DOCUMENT # **P96000065080 (9)**

1. Corporation Name
ORCHIDS BY KNIGHT, INC.

Principal Place of Business	Mailing Address
3019 AVIATION AVE. COCONUT GROVE FL 33133	3019 AVIATION AVE. COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/01/1996

4. FEI Number: 65-0728887 ☐ Applied For ☐ 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

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

HAUSER, JAMES A
3191 CORAL WAY, SUITE 405
MIAMI FL 33145-3213

10. Name and Address of New Registered Agent

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 _____ (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	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, PETER W		12 NAME	
STREET ADDRESS	3019 AVIATION AVE.		13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		14 CITY-ST-ZIP	
TITLE	S	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JAMIE H		22 NAME	
STREET ADDRESS	3019 AVIATION AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter W. Knight Peter W. Knight, Director 9/22/99 (305)2859333
(Required) (TYPED OR PRINTED NAME OF PERSON SIGNING) (TITLE OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone Number)