


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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000075657 (2)**

1. Corporation Name

**ORCHIDKNOLL FLOWER & GIFT SHOP, INC.**

Principal Place of Business

**613 S.W. 2ND AVENUE  
OCALA FL 34471**

Mailing Address

**613 S.W. 2ND AVENUE  
OCALA FL 34471**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>104 SE 1st Ave</b>		26 <b>104 SE 1st Ave</b>		09/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>Suite C</b>		27 <b>Suite C</b>		59-3400179	
City & State		City & State		Applied For	
23 <b>OCALA FL</b>		28 <b>ocala FL</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 <b>34471</b>		29 <b>34471</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 <b>US</b>		30 <b>US</b>		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<b>HENDERSON, BRENDA L 613 S.W. 2ND AVENUE OCALA FL 34471</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
104 SE 1st Ave.					
83 Suite C					
84 City				85 Zip Code	
OCALA				FL 34471	
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	DP	1.1 TITLE	DP
NAME	HENDERSON, BRENDA L	1.2 NAME	
STREET ADDRESS	3450 SE 12TH STREET	1.3 STREET ADDRESS	7440 SW 15 PLAC E
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34474
TITLE	DVP	2.1 TITLE	
NAME	HENDERSON, TERRY L	2.2 NAME	
STREET ADDRESS	3450 SE 12TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	DVPT
NAME	FARLEY, JULIE	3.2 NAME	
STREET ADDRESS	3450 SE 12TH STREET	3.3 STREET ADDRESS	3803 NE 19 St. Cir
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Brenda L. Henderson* 3/14/98 352 1279 9160

CR2E034 (10/97)