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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000080355 (6)

1. Corporation Name
DIRECT FLORAL, INC.

Principal Place of Business
4810 Martin Luther King Blvd. West
Tampa, FL 33614

Mailing Address
4810 Martin Luther King Blvd. West
Tampa, FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/96

2. Principal Place of Business
21 500 N.E. 191st Street
Suite, Apt. #, etc. 22
City & State 23 Miami, FL 33179
Zip 24 33179 Country 25 DADE

2a. Mailing Address
26 500 N.E. 191st Street
Suite, Apt. #, etc. 27
City & State 28 Miami, FL 33179
Zip 29 33179 Country 30 DADE

4. FEI Number
59-3404613
☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Jaye London
570 North Island Drive
Golden Beach, FL 33160

10. Name and Address of New Registered Agent
81 Name Jaye P. Shaw
82 Street Address (P.O. Box Number is Not Acceptable) 570 North Island Drive
83
84 City Golden Beach, FL FL 85 Zip Code 33160

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 ☒ Jaye P. Shaw (NOTE: Registered Agent signature required when reinstating) DATE 4/27/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Jaye London 570 North Island Drive Golden Beach, FL 33160	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/T/D Jaye P. Shaw 570 North Island Drive Golden Beach, FL 33160	☒ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D Kenneth P. Shaw c/o 500 N.E. 191st Street Miami, FL 33179	☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	JL 5/19	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200002529512 -05/19/98--01080--014 ***158.75	☐ Change ☐ Addition

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: ☒ Jaye P. Shaw (305) 651-3772 4/27/98