

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

PS-1

97 AUG 13 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**

DOCUMENT # P96000083635 (8)
1. Corporation Name
IRENE'S FLOWERS, INC.



Principal Place of Business: **2844 CURRY FORD ROAD ORLANDO FL 32806**
Mailing Address: **2844 CURRY FORD ROAD ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
City & State (22, 27)
Zip (24, 29)
Country (25, 30)

3. Date Incorporated or Qualified: **10/01/1996**
3a. Date of Last Report
4. FEI Number: **59-3402278**
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
**MUNSON, DEBBERA K
2844 CURRY FORD ROAD
ORLANDO FL 32806**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	President	<input type="checkbox"/>
NAME	Debbere K Munson	
STREET ADDRESS	1215 Stevens Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	Secretary/Treasurer	<input type="checkbox"/>
NAME	Gary E. Munson	
STREET ADDRESS	1215 Stevens Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	800002270328--6		
1.3 STREET ADDRESS	-08/18/97--01138--005		
1.4 CITY-ST-ZIP	***165.00 ***165.00		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

8/15

14. I do 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 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: _____

CR2E034 (4/97)

pg. 2

July 23, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

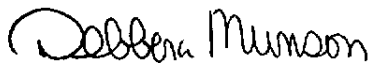
We have enclosed a check for \$165.00 and our Corporation Annual Report.

I took over this business October 1, 1996. Not ever owning a place of business and certainly never being incorporated, I had no idea what reports need to be filed.

When we received this 2nd notice I was shocked. We never received a 1st notice. If we had, we would have promptly filed the forms necessary. We have filed everything we've known about on time. When we received the notice, I phoned your office immediately. We were advised to send the \$165.00 and request a waiver of penalty. I was amazed that the penalty was so costly.

Your reconsideration and a waiver of penalty will be greatly appreciated.

Sincerely,


Debbera Munson
President