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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. M
Secretary o
DIVISION OF CORPS

DOCUMENT # **P96000090038 (6)**

1. Corporation Name
ENCHANTED FLORIST OF ORLANDO, INC.

Principal Place of Business	Mailing Address
7591 UNIVERSITY BLVD. **WINTER PARK FL 32792**	**7591 UNIVERSITY BLVD.** **WINTER PARK FL 32792-9605**

3. Date Incorporated or Qualified: **10/29/1996**
3a. Date of Last Report:
4. FEI Number: **59-3413229** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TAJUDEEN, LISA
638 APPLETON PLACE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT ☐ DELETE	1 ☐ Change ☐ Addition
NAME	TAJUDEEN, LISA	1
STREET ADDRESS	638 APPLETON PLACE	1 ADDRESS
CITY-ST-ZIP	OVIEDO FL 32765	1 ST-ZIP
TITLE	VS ☐ DELETE	2 ☐ Change ☐ Addition
NAME	HANNAN, ESTHER C	2
STREET ADDRESS	66 SEAVIEW AVENUE	2 ADDRESS
CITY-ST-ZIP	STATEN ISLAND NY 10604	2 ST-ZIP
TITLE	☐ DELETE	3 ☐ Change ☐ Addition
NAME		3
STREET ADDRESS		3 ADDRESS
CITY-ST-ZIP		3 ST-ZIP
TITLE	☐ DELETE	4 ☐ Change ☐ Addition
NAME		4
STREET ADDRESS		4 ADDRESS
CITY-ST-ZIP		4 ST-ZIP
TITLE	☐ DELETE	5 ☐ Change ☐ Addition
NAME		5
STREET ADDRESS		5 ADDRESS
CITY-ST-ZIP		5 ST-ZIP
TITLE	☐ DELETE	6 ☐ Change ☐ Addition
NAME		6
STREET ADDRESS		6 ADDRESS
CITY-ST-ZIP		6 ST-ZIP

CR2E034 (9/96)

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 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: SIGNATURE REQUIRED 4/28/97 (407)679-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE — Date — Daytime Phone #

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