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

' PROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Jun 23, 1999 8:00 am Secretary of State

	1999	DIVISION OF CO	RPORATIONS	06-23-1999 90007 002	***150.00
DOCU 1. Corporatio	MENT # P96000090	493			
f FLORAL DESIGNS BY EILEEN, INC.					
Principal Plac	e of Business	Mailing Address			
				DO NOT WRITE IN THIS SE	PACE
				3. Date Incorporated or Qualifed	
		,		10/31/96	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	SW:9th St	26 509 SW 9th	ST	65-0365775	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	277 7	6. Election Campaign Financing	\$5.00 May Be
²³ Cape	Coral, Fl.	28 Cape Coral,	FI		Added to Fees
21p - 24 33991		⊢ ¬ '	¬ '	8. This corporation owes the current year Intangue Personal Property Tax.	gibie]Yes X∷No
24 3399.	9. Name and Address of Current		O Lee	10. Name and Address of New Registered Ag	
	; -		81 Name		
Eilee	en F. Davies		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
509 SW 9th St			83		
	Coral, F1. 33991		94 (0)		85 Zip Code
Cape	Corar, Fr. 33991		84 City	FL	85 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	f Florida. Such change was auth	nonzed by the corporati	poration submits this statement for the purpose of ch ion's board of directors. I hereby accept the appointn	anging its registered nent as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent of OFFICERS AND		egistered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	OTT TO ETTO ATTO	DELETE	1.1 TITLE		Change Addition
NAMEPresi	dent/ Director		1.2 NAME		
	n F. Davies	!	4.0 0777577 45777700		1 2
спу 5,029 S	17.7 O+h S+		1.3 STREET ADDRESS		Š
m.Cape	W JUII DU.		1.3 STREET ADDRESS 1.4 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, with all other like empowered.

SIGNATURE://ana

P96000090493 579105-90007-2

FLORAL DESIGNS BY EILEEN INC 509 SW 9TH STREET CAPE CORAL, FL. 33991

Request taken by: clewis

06-03-1999

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

To whom it may concern.

After requesting this form twice, it was discovered that your computer had an incorrect address. Therefore, this form is late.

Thank you, Karen D Brown