FILE NOW: FILLING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF C

FILED May 06 1997 8:00am Secretary of State

	MENT # P96000		wade	en's Plowers &	h
ELLENS	s flowers and gifts, in	(v)	The same	en a grovers	2 29 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mail		Mailing Address	***************************************	[IBBARDI) III IIIII BAKA ADIA BAKA ABAKI	vina inia ino i nii iadii hik idi
27405 U.S. HIGHWAY 27, SUITE 115 LEESBURG FL 34748		27405 U.S. HIGHWAY 27, SUITE 115 LEESBURG FL 34748-9084			
				3. Date Incorporated or Qualified 11/08/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEt Number	Applied For
21 2 2 Suite Apt. # elc.		Suite, Apt. #, etc.		59-3424551	
22	e cuc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zφ	Country	8. This corporation has liability for i	·····
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Current		1 V 1 V 1	ne and Address of New Re	gistered Agent
GRIF	FIN-BURKE, EILLEEN	ould be			_
	TANGELO STREET	12 '2		x Number is Not Acceptab	le)
GRIFFIN-BURKE, EILLEEN 5421 TANGELO STREET LEESBURG FL 34748 Silver 352-323-0002 EI 85 Zip Code					
		015	0002		
	3.	2-323	0000		85 Zip Code
51 Directors					FL S Zip Code
Office or r	egistered agent, or both, in the State i	ol Florida. Such change was a	authorized by the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered If the appointment as registered
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statutes	, ,	,,
SIGNATURE	Signature, typed or printed name of registered ager	e and title if applicable (NOT)	E: Registered Agent signature re	outred when sainstation	DATE
12.	• OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P.	☐ DELETE	1.1 TITLE		Change Addition
NAME	GRIFFIN-BURKE, EILEEN		1.2 NAME		
STREET ADORESS	5421 TANGELO STREET		1.3 STREET ADDRESS		
CITY-SI-ZIP	LEESBURG FL 34748		1.4 CITY-ST-ZIP		
TITLE	STV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, MICHAEL J		2.2 NAME		
STREET ADDRESS	5421 TANGELO STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DEFELE	3 1 TITLE		Change Addition
NAM{			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 7IP TITLE		☐ DELETE	34. CITY+ST-ZIP		Chance
NAME		☐ pereie	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
i			4.3 STREET ADDRESS		1/
CHY+ST+ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		- Change Addition
NAME		La ventre	5.2 NAME		The state of the s
STREET ADDRESS			5.3 STREET ADDRESS		405/1.10M
C-TY - ST - ZIP			5 4 CITY-SY-ZIP		111-1017-1
THE		DELETE	61 TITLE		Change Addition
NAME			62 NAME	50000217 -05/09/970112	3drs -
STREET ADDRESS			63 STREET ADDRESS	-05/03/970112	:JUUb
				***165.00	1

64 CITY - ST - ZIP 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 is an annual report 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.