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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90008 001 ***150.00

DOCUMENT # P9600093376

EILEEN'S FLOWERS AND GIFTS, INC.

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2. Principal Pfince of Business						3. Date Incorporated or Qualifed		
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S421 TANGELO STREET LEESBURG FL 34748 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 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, in an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed trained of agent and trible if applicable. (hOTE: Registered Agents sparke required when remitating) DATE Signature, typed or printed trained of agent and trible if applicable. (hOTE: Registered Agents sparke required when remitating) DATE Signature, typed or printed trained of agent and trible if applicable. (hOTE: Registered Agents sparke required when remitating) DATE Signature, typed or printed trained of agent and trible if applicable. (hOTE: Registered Agents sparke required when remitating) DATE TITLE GRIFFIN-BURKE, EILEEN 13 STREET ADDRESS 11 TITLE 12 NAME 13 STREET ADDRESS 11 STREET ADDRESS 12 TITLE 13 STREET ADDRESS 14 STREET ADDRESS 15 STREET ADDRESS 16 STREET ADDRESS 17 ST ST P 17 ST ST ST P 17 ST ST ST P 17 ST	GRII	ffin-Burke, eileen		92	Chance Addr	one (B.O. Boy Number is Not Acceptable)		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

2/24/99 352-323-0002

CR2E034 (11/98