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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000001311 (4)

EURO-FLORIST, INC.

Principal Place of Business

Mailing Address

FILED Mar 31 1998 8:00am Secretary of State



1836 SOUTH 3RD ST. 1836 SOUTH 3RD ST. JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1997 2. Principal Place of Business 2a. Mailing Address 26 2435 4. FEI Number Applied For 2439 3ROST 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country USA Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ΠNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEWART, THOMAS R 130 12TH AVE. SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32250 83 84 City Zip Code 85 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**

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 13. DPTS DELETE TITLE 1.1 TITLE Change Addition STEWART, THOMAS R NAME 1.2 NAME 130 12TH AVE. SOUTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition SHEETS, MARC D NAME 2.2 NAME 130 12TH AVE. SOUTH STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Charige Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition Channe NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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.