

FILED

May 06 1998 8:00am  
Secretary of State

**\* PROFIT CORPORATION ANNUAL REPORT 1998**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P97000019167**

**1. Corporation Name**

**Floral Creations By Barbie, Inc.**

**Principal Place of Business**

110 SE 6 ST  
SUITE 1630  
FT LAUDERDALE FL 33301

**Mailing Address**

110 SE 6 ST  
SUITE 1630  
FT LAUDERDALE FL 33301

**2. Principal Place of Business**

**2a. Mailing Address**

**21**

**25**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

**g. Name and Address of Current Registered Agent**

**MIANO, LAWRENCE JOHN**  
110 SE 6 ST  
SUITE 1630  
FT LAUDERDALE FL 33301

**81 Name**

**82 Street Address**

**83**

**84 City**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

**12. OFFICERS AND DIRECTORS**

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | Barbie Stephens           | <input type="checkbox"/> DELETE |
| NAME            | 110 S.E. 6th Street, 1630 |                                 |
| STREET ADDRESS  | Fort Lauderdale, Fl 33301 |                                 |
| CITY - ST - ZIP |                           |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

**13.**

|                     |  |
|---------------------|--|
| 1.1 TITLE           |  |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |

|                     |  |
|---------------------|--|
| 2.1 TITLE           |  |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |

|                     |  |
|---------------------|--|
| 3.1 TITLE           |  |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |

|                     |  |
|---------------------|--|
| 4.1 TITLE           |  |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |

|                     |  |
|---------------------|--|
| 5.1 TITLE           |  |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |

|                     |  |
|---------------------|--|
| 6.1 TITLE           |  |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
2-24-97

4. FBI Number 65-0745291

|                |
|----------------|
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIANO, LAWRENCE JOHN  
110 SE 6 ST  
SUITE 1630  
FT LAUDERDALE FL 33301

|    |      |
|----|------|
| 81 | Name |
|----|------|

|    |                                                    |
|----|----------------------------------------------------|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
|----|----------------------------------------------------|

83

|    |      |
|----|------|
| B4 | 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 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 of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                 |
|----------------------------|-------------------------------------------------|
| TITLE                      | Barbie Stephens <input type="checkbox"/> DELETE |
| NAME                       | 110 S.E. 6th Street, 1630                       |
| STREET ADDRESS             | Fort Lauderdale, FL 33301                       |
| CITY - ST - ZIP            |                                                 |

| TITLE           | <input type="checkbox"/> DELETE |
|-----------------|---------------------------------|
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

| TITLE           | <input type="checkbox"/> DELETE |
|-----------------|---------------------------------|
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | Change <input type="checkbox"/> Addition <input type="checkbox"/> |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 3.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME            |                                 |                                   |
| 3.3 STREET ADDRESS  |                                 |                                   |
| 3.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 4.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME            |                                 |                                   |
| 4.3 STREET ADDRESS  |                                 |                                   |
| 4.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 5.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME            |                                 |                                   |
| 5.3 STREET ADDRESS  |                                 |                                   |
| 5.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                                                  |
|---------------------|------------------------------------------------------------------|
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Additio |
| 6.2 NAME            | 900002512919                                                     |
| 6.3 STREET ADDRESS  | -05/06/98--01029--030                                            |
| 6.4 CITY - ST - ZIP | ***150.00                                                        |

900002512919  
-05/06/98--01029--030  
\*\*\*150.00

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.