

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90023 038 \*\*\*150.00

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DOCUMENT # P97000031513

1. Corporation Name  
WESTON FLORIST, INC.

Principal Place of Business  
% FLORA PROMOTIONS INC  
405 SOUTH STATE ROAD 7  
PLANTATION FL 33317

Mailing Address  
% FLORA PROMOTIONS INC  
405 SOUTH STATE ROAD 7  
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number  
65-0741933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERBEL, PAUL  
4210 SW 9TH ST  
PLANTATION FL 33317

81 Name  
KERBEL, PAUL

82 Street Address (P.O. Box Number is Not Acceptable)  
7401 SW 10 ST

83

84 City  
PLANTATION, FL

FL

85 Zip Code  
33317

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KERBEL, PAUL  
405 SOUTH STATE ROAD 7  
PLANTATION FL 33317

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PSTD  
KERBEL, PAUL  
405 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KERBEL, PAUL  
7401 SW 10 ST  
PLANTATION, FL 33317

2.1 TITLE  
2.2 NAME  
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2.4 CITY-ST-ZIP  
PSTD  
KERBEL, PAUL  
7401 SW 10 ST  
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6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
PSTD  
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PLANTATION, FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)