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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P97000036959 (9)

BLOSSOMS OF PALM BEACH, INC.

Principal Place of Business	Mailing Address	
2581 JUPITER PARK DRIVE SUITE E-23 JUPITER FL 33458	2581 JUPITER PARK DRIVE Suite E-23 Jupiter FL 33458	DO NOT V
		<ol> <li>Date Incorporated or Quality</li> <li>04/24/1997</li> </ol>
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEV Number 0.70(
Suite, Apt. #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desire

FILED Aug 11 1998 8:00am Secretary of State

VRITE IN THIS SPACE fied Applied For Not Applicable \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARNES, LISA M 2581 JUPITER PARK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE E-23 83 JUPITER FL 33458 84 City Zip Code 11. Pursuant to the provisions of Socilous 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 Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President/orblector DELETE Addition TITLE 1.1 TITLE NAME 1.2 NAME Usa m. Barnes STREET ADDRESS 1.3 STREET ADDRESS 322 Laurel Oaks Way CITY-ST-ZIP 14 CHY-ST-ZIP Jupiter, 71 33458 DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 DITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE Change Addition TOLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6000026154**6**6 NAME 6.2 NAME -08/13/98--01091--0**3**2 STREET ADDRESS 6.3 \$1REET ADDRESS \*\*\*150.00 CITY-ST-ZIP 64 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 changin, or on an attachment with an address.