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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000039616 (2)

MARIE BROGNA FLOWERS, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
1524 S. STATE ROAD 7 1524 S. STATE ROAD 7						
HOLLYWOOD) FL 33020	HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
1						05/01/1997
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				(0 5-073//74 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	θ	Cily & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip			Cour	ntry		6. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
BROGNA, STACY M				81	Ivallie	
	124 S . State Road 7 Dllywood Fl 33020			62	Street Add	ress (P.O. Box Number is Not Acceptable)
n	DELIMOOD FL 33020		ŀ	83		
			-	84	City	₽ 85 Zip Code
				- ;		FL Pour
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 DIRECT			 		it org to some rought	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			LE		☐ Change ☐ Addition
NAME	BROGNA, STACY M		1.2 NAME			i
STREET ADDRESS	1524 S. STATE ROAD 7		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CIT	1.4 CITY-ST-ZIP		
TITLE	Ū	☐ DELETE	DELETE 2.1 TITLE			Change Addition
NAME	GOFF, CAMILLE B		2.2 NA	2.2 NAME 2.3 Street address		
STREET ADDRESS	1524 S. STATE ROAD 7		2.3 STF			
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CI	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME	3.2		3.2 NAI	3.2 NAME		
STREET ADDRESS	s				ADDRESS	
CITY+ST-ZIP			3.4. CI		T-ZIP	
TITLE				4.1 TITLE		Change Addition
NAME	1			4. 2 NAMÉ		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY - S 5.1 FITLE		-ZIP	☐ Change ☐ Addition
TITLE	_ [Change C Addition
NAME			5.2 NAJ		ADORECC	
STREET ADDRESS			5.3 STREET ADDRESS		- 1	
CITY-ST-ZIP	DELETE		_	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE	<u>'</u>		6.1 TITLE 6.2 NAME			Communication Communication
NAME PROFES ADDRESS					ADDDECC	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 City - St - Zip			
CITY-ST-ZIP	<u> </u>	it this filter days not availed.				Section 110 07/2Vi) Florida Statutes I further partifu that the information

Interest 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 of an attachment with an address.