## 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

## DOCUMENT # P9700043336

1. Corporation Name
FLORAL ILLUSIONS, INC.

## FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90005 048 \*\*\*150.00



										A4 (84 10) 111
Principal Place	of Business	Mailing Ad	dress				i PRATIDAL (18 JASIL 1894) PRITI AN	*** ##164 ##()  31	11  25 1	
124 AVALON AVE 124 AVALON AVE										
FLGLER BEACH FL 32136 FLGLER BEACH FL 32136			ACH FL 32136				DO NOT WRITE IN THIS SPACE			
						ŀ	3. Date Incorporated or Qualifed	12 11 11 10 1		
O Dringing D	lace of Business	2a. Mailing	Address				05/12/1997 4. FEI Number			Applied For
<b>—</b>	lace of Business	—	Address						<b>→</b>	Not Applicable
21			Suite, Apt. #, etc.			59-3444835   Not Apr \$8.75 Additi				
Suite, Apt.	#, etc.	— — ·	npt. #, 6tc.				<ol><li>Certifcate of Status Desired</li></ol>			Required
22 State 5 State	<del></del>	27 City &	State				6. Election Campaign Financing			0 May Be
City & State	<del>u</del>	—	Olate				Trust Fund Contribution			d to Fees
Zip	Count	<b>28</b> Zip	<b>.</b>	Country	•		This corporation owes the curr	ent vear inta	<del></del>	
<b>⊢</b> '	25	29	30				Personal Property Tax.	ent year mito	Yes	MNo
24		ess of Current Registered A					10. Name and Address of New I	Registered A	gent	
	5. Name and Addi-	ess of Correll Registeres A	gent.	81	Name	9				
MAN	CINI, FRANK J			<u> </u>						
	HOLLYWOOD BLVI	<b>)</b>		82	Stree	t Addres	s (P.O. Box Number is Not Accept	able)		
	LYWOOD FL 33020	<b>,</b>		83						
1100	LINOOD IL SSUZU			100						
				84	City			FL	85 Zi	p Code
11 Purcuant	to the provisions of Ser	tions 607 0502 and 607 1508	Florida Statutes 1	he above	-name	d corpor	ation submits this statement for the	numose of o	hanging i	its registered
l office or r	enistered agent, or bott	h, in the State of Florida, Such	change was autho	rized by	tne cor	poration'	's board of directors. I hereby acce	pt the appoin	tment as	registered
agent. I a	m familiar with, and acc	cept the obligations of, Section	1 607.0505, FIORIDA	Statutes	•					
SIGNATURE	Olevenius based or printed and	ne of registered agent and title if applicable	(NOTE: Reg	istored Ager	ıt sionatur	e required w	rhen reinstating)	DATE	_	
12.		OFFICERS AND DIRECTORS		13.	•		ADDITIONS/CHANGES TO OF	FICERS AN	DIREC	FORS IN 12
TITLE	PD	,	☐ DELETE	1.1 TITLE		T			☐ Chang	
NAME	MOXLEY, LUTHER		Į.	1.2 NAME						
STREET ADDRESS	124 AVALON AVE			1.3 STREE	ADDRES	s				į
	FLGLER BEACH FI	20126	1	1.4 CITY-S						)
CITY-ST-ZIP TITLE		L 32 130	☐ DELETE	2.1 TITLE	1-20	+ -			☐ Chang	e Addition
	VD			2.2 NAME						_
NAME	CURTIS, WAYNE		1		. ADDOCC					
STREET ADDRESS	124 AVALON AVE		- 1	2.3 STREE		۱"				
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NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	r addres	s				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				Char	pe ☐ Addition
TITLE	,		☐ DELETE	4.1 TITLE					Chang	e L Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	FADORES	s				
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STREET ADDRESS				5.3 STREE	ADDRES	s				
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NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	ADDRES	s	,			
CITY-ST-7IP				6.4 CITY-S	T-ZIP					. ]
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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:

HATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

904-439-6803

Daytime Phone #