

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

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000046105 (7)**  
 1. Corporation Name  
**FLEURESSENCE OF THE TREASURE COAST, INC.**



Principal Place of Business <b>3194 NW FEDERAL HIGHWAY JENSEN BEACH FL 34957</b>	Mailing Address <b>3194 NW FEDERAL HIGHWAY JENSEN BEACH FL 34957</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>1774 S.E. CLEARMONT ST</b>		05/23/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 <b>Pt. St. Lucie, FL</b>		65-0761999	
24 Zip		29 <b>34983</b>		30 <b>U.S.A.</b>	
25 Country		30 <b>U.S.A.</b>		Applied For	
				Not Applicable	
				6. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**KOBLEGARD, R R 111  
401-A S. INDIAN RIVER DRIVE  
FT PIERCE FL 34950**

**10. Name and Address of New Registered Agent**

81 Name	<b>PEGGY &amp; TERRY BARCELONA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1774 S.E. CLEARMONT STREET</b>
83	
84 City	<b>Pt. St. Lucie</b>
85 State	<b>FL</b>
86 Zip Code	<b>34983</b>

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 607.1505, Florida Statutes.

SIGNATURE: **Peggy Barcelona, Vice President** DATE: **2/17/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>PEGGY BARCELONA</b>	
STREET ADDRESS	<b>1774 SE CLEARMONT ST.</b>	
CITY-ST-ZIP	<b>Pt. St. Lucie, FL 34983</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>TERRY BARCELONA</b>	
STREET ADDRESS	<b>1774 SE CLEARMONT ST</b>	
CITY-ST-ZIP	<b>Pt. St. Lucie, FL 34983</b>	
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	<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"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Peggy A. Barcelona, President** **Peggy Barcelona 2/18/98**

CR2E034 (10/97)