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

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90046 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT
2001

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

553358

DOCUMENT # **P97000066064 (1)**
Corporation Name
DOLEZAL ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
Rosemary's Floral & Gourmet Gifts 3500 Aloma Avenue, Suite D-36 Winter Park, FL 32792	Rosemary's Floral & Gourmet Gifts 3500 Aloma Avenue, Suite D-36 Winter Park, FL 32792

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/24/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 59-3458582	Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOLEZAL, JOANNE J 1044 HOWELL HARBOR DRIVE CASSELBERRY FL 32707	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	D ☐ DELETE DOLEZAL, ROSEMARY E 1044 HOWELL HARBOR DRIVE CASSELBERRY FL 32707-5811	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE DOLEZAL, ROBERT 1044 HOWELL HARBOR DRIVE CASSELBERRY FL 32707-5811	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE DOLEZAL, JOANNE J 1044 HOWELL HARBOR DRIVE CASSELBERRY FL 32707-5811	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE DOLEZAL, MICHAEL J 1044 HOWELL HARBOR DRIVE CASSELBERRY FL 32707-5811	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 report or supplemental requirement is true and accurate and that my electronic 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 added.

Joanne Dolezal
JOANNE J DOLEZAL

407-657-5400