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Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000070753 (3)

1. Corporation Name
50 FIFTY FLORAL ART, INC.

Principal Place of Business	Mailing Address
751 92ND AVE. NAPLES FL 34108	751 92ND AVE. NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1997

2. Principal Place of Business 21 4646 DOMESTIC AVE.	2a. Mailing Address 26 4646 DOMESTIC AVE.
Suite, Apt. #, etc. 22 #104	Suite, Apt. #, etc. 27 #104
City & State 23 NAPLES FL	City & State 28 NAPLES, FL
Zip / Country 24 34104 / 25 U.S.	Zip / Country 29 34104 / 30 U.S.

4. FEI Number: 59-3466759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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
SHANABARGER, EDWARD L 751 92ND AVE. NAPLES FL 34108	81 Name: SHANABARGER, EDWARD L II. 82 Street Address (P.O. Box Number is Not Acceptable): 133 COCOHATCHEE ST 83 84 City: NAPLES FL 85 Zip Code: 34108

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	SHANABARGER, EDWARD L		1.2 NAME	EDWARD L. SHANABARGER, II	
STREET ADDRESS	751 92ND AVE.		1.3 STREET ADDRESS	133 COCOHATCHEE ST	
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VTD	☐ DELETE	2.1 TITLE	V. PRESIDENT	☑ Change ☐ Addition
NAME	HUDDLESTON, MATTHEW		2.2 NAME	MATTHEW HUDDLESTON	
STREET ADDRESS	751 92ND AVE.		2.3 STREET ADDRESS	133 COCOHATCHEE ST	
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP	NAPLES FL 34108	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ 1-19-97