

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90236 046 \*\*\*150.00

0457356

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000070753**

1. Corporation Name  
**50 FIFTY FLORAL ART, INC.**



Principal Place of Business  
 4646 DOMESTIC AVE  
 104  
 NAPLES FL 34104  
 US

Mailing Address  
 4646 DOMESTIC AVE  
 104  
 NAPLES FL 4  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **4646 DOMESTIC AVE.**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 **25 COLLIER 29 34104 30 COLLIER**

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

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**SHANABARGER, EDWARD L**  
**133 COCOHATCHEE ST**  
**NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**306 CENTRAL AVE**  
 83  
 84 City **NAPLES** FL 85 Zip Code **34102**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHANABARGER, EDWARD L</b>	
STREET ADDRESS	<b>133 COCOHATCHEE ST</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDDLESTON, MATTHEW</b>	
STREET ADDRESS	<b>133 COCOHATCHEE ST</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>306 CENTRAL AVE</b>
1.4 CITY-ST-ZIP	<b>NAPLES, FL 34102</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>306 CENTRAL AVE</b>
2.4 CITY-ST-ZIP	<b>NAPLES, FL 34102</b>
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/11/99** DAYTIME PHONE #: **941-649-3200**

CR2E034 (11/98)