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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076822 (0)

PREMIER FLORIST, INC.

FILED Feb 23 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address					
2473 BECK CIR DELTONA FL 32738	2473 BECK CIR DELTONA FL 32738			DO NOT WRITE IN THIS SI	PACE	
					3. Date Incorporated or Qualified 09/03/1997	
2. Principal Place of Business 21 1382 Howard Blvd.	2a. Mailing Address 26				4. FEI Number 593466637	Applied For Not Applicable
Suite, Apt. #, etc. 22 # 124	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Deltona HA.	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25 VOLUSIA	Zip Country 30					Yes 🔲 No
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
DENZLER, CYNTHIA MARIE		['	81	Name		
2473 BECK CIR Deltona fl 32738		Ī	82	Street Address (P.O. Box Number is Not Acceptable)		
		[1	83			
				City	FL	85 Zip Code
 Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. Lein familiar with and accept the office. 	! and 607,1508, Florida Statu of Florida. Buch change was tions of, Section 607,0505, F	ites, the ab- authorized lorida Statu	ove- by i	-named corpo the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appo	changing its registered intment as registered

CYNTHIA M. DENZLEP SIGNATUI 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change ___ Addition TITLE DENZLER, CYNTHIA MARIE 1.2 NAME NAME 2473 BECK CIR STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE MOORE, GAIL J 2.2 NAME 2473 BECK CIR STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32738** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP ☐ DELE**TE** Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition | TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I hereby certify that the indicated on this analyofficer or director of ti for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rmation supplied with this filing does not qualif of accurate and that my signature shall have the same legal effect as if made under oath; that I am an our to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in t is true a empowe