PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076822

1. Corporation Name

Principal Place of Business

PREMIER FLORIST, INC.

| 1382 HOWLAND #124 DELTONA FL 3 US | | 2473 BECK CIR DELTONA FL 32738 | | | | 3. Date Incorporate 09/03/1997 | OO NOT WRITE I | N THIS S | §PAC | <u>E</u> | |
|---|--|--|--------------------------------|---|-----------------|---|--------------------|----------|------|-------------------------|--------------|
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | L | | plied For |
| 21 | | 26 | | | | 59-3466637 | | | | | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate of State | us Desired |] | • | . / ၁ A ee Re | dditional |
| 22 | | City & State | | | <u> </u> | /- | | | | | |
| City & State | | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Zip | Country | Zip Country | | | | 8. This corporation owes the current year Intangible Personal Property Tax. XX Yes \(\square \text{No.} \) | | | | | |
| 24 25 | | Lade | | | | 10. Name and Address of New Registered Agent | | | | | |
| | 9. Name and Address of Curren | it Kegistered Agent | 81 | Ιĸ | Name | 10. Hame and Addi | | 0.0.00 | 9 | | |
| DEN | ZLER, CYNTHIA MARIE | | | | | | | | | | |
| 2473 BECK CIR | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| DELTONA FL 32738 | | | 83 | | | | | | | | |
| | | | | | | | | | | | |
| | • | | 84 | C | City | | | FL | 85 | Żip C | 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 age | nt and title if applicable. (NOTE: Rec | jistered Ager | nt sig | nature required | I when reinstating) | | DATE | | | |
| 12. | Y | ID DIRECTORS | 13. | | _ | ADDITIONS/CHAI | NGES TO OFFIC | ERS ANI | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | 1 | | | | ∐ Cr | nange | Addition |
| NAME | DENZLER, CYNTHIA MARIE | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 2473 BECK CIR | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | | P | | | | | | ☐ Addition |
| TITLE . | D | ☐ DELETE | 2.1 TITLE | | | | | | □ CH | lange | Addition |
| NAME | MOORE, GAIL J | • | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | · | | 2.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | DELTONA FL 32738 | | 2.4 CITY-ST-ZIP | | IP . | · 44 + | | | ПС | 2000 | Addition |
| TITLE | | | 3.1 TITLE | | | | | | | lange | - Vogruou |
| NAME | | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | RESS | | 3.3 STREET ADDRESS | | - | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | IP | | | | C) | hanne | Addition |
| TITLE | | C. DELETE | 4.1 TITLE 4.2 NAME | | | | | | L 0. | | |
| NAME STREET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS | | IDRESS | | | | | | |
| | | | 4.5 STREE | | | | | | | | |
| ÇITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | | | | - 10- 1 | | | hange | Addition |
| NAME | | , | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | TAD | DRESS | | | | | | |
| CITY-ST-ZiP | | _ | 5.4 CITY-S | T-ZII | P | | | | | | |
| TITLE | | | 6.1 TITLE | | | | 11.21.2 | | ☐ Ci | nange | ☐ Addition |
| NAMÉ | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | TAD | DRESS | | | | | | |

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.

CITY-ST-ZIP

SIGNATURE: Cynthia M. GDen 2 Ten

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90076 021 ***150.00