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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97 1. Corporation Name

P97000083056 (6)

AMERICAN RAINBOW FLORAL COMPANY, INC.

Principal Place of Business
1910 PARK MEADOWS DRIVI

Mailing Address

FILED Jan 20 1998 8:00am Secretary of State



1910 PARK MEADOWS DRIVE FORT MYERS FL 33907		1910 PARK MEADOWS DRIVE FORT MYERS FL 33907				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
a Principal P	lace of Business	2a, Mailing Address				09/25/1997 4. FEI Number Applied For
21	idos di Edunidos		26 P.O. Box 7023			65 0700700
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$0.75 AUS
22		27				5. Certificate of Status Desired Fee Regulred
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be
23		28 Fort Myers F	7]			Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	25		30	Lee	!	Personal Property Tax due June 30. 🔯 Yes 🔲 No
	g, Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
ELL	JS, MARY NAN			81	Name	
191	0 PARK MEADOWS DRIVE				Street	Address (P.O. Box Number is Not Acceptable)
FOI	RT MYERS FL 33907			82	OI GOT	radicas (1.0. box ratinos is not roceptable)
				63		
				84	City	
				54	City	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	s, the a	bove	-named	corporation submits this statement for the purpose of changing its registered
agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was at ations of, Section 607.0505, Flor	uthorize rida Sta	ed by itutes	the corp	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE		•				
	Signature typed or printed name of registered age	est and title it applicable (NOTE:	Rogiston	ed Ager	nt signature	required when reinstating) [DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.11	ULE		☐ Change ☐ Addition
NAME	Stachel, Joseph A.		1.2 N	IAME		
STREET ADDRESS	1910 Park Meadow D	rive	1.3 8	TREET	ADDRESS	
CITY-ST-ZIP	Fort Myers Fl		1.4 0	HY-\$1	1 - 7IP	
THLE	VSRA	☐ DELETE	2.1 1	THE	ĺ	Change Addition
NAME	Ellis, Mary Nan		2.2 N	AME		
STREET ADDRESS	1910 Park Meadow D	rive	2.3 S	TREET	address	
CITY-ST-ZIP	Fort Myers Fl		2.41	CITY-S	T-2(P	,
TITLE	•	DELETE	3.1 T	HLE		Change Addition
NAME			3.2 N	AME.		
STREE1 ADDRESS			3.3 S	TREET A	ADDRESS	
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.21	IAME		
STREET ADDRESS			43S	TREET A	ADDRESS	
CITY-ST-7IP			440	ITY-ST	- ZIP	
TIFLE		☐ DELETE	5.1 1	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$	IREET A	ADDRESS	
CITY - ST - ZIP			5.4 C	11Y-S1	-ZIP	
TITLE		☐ DELETE	6.1 To	TLE	Ţ	Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET A	ADDRESS	
CITY - ST - ZIP				ΠY-\$1		
officer or o	on this annual report or supplementa	l annual report is true and accu liver or trustee empowered to ex	rate an	d tha	I my siar	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in