PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092617

1. Corporation Name

DANIEL'S FINE FOOD, FLOWERS AND GIFTS INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

3.304

26 30 45 N.

28

29

3045 N. FEDERAL HWY. #60 F FT. LAUDERDALE FL 33306

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

3045 N. Federal

3045 N. FEDERAL HWY. #60 F FT. LAUDERDALE FL 33306

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90083 023 ***150.00

	DO NOT WRITE IN THIS SPACE				
3.	Date Incorporated or Qualifed		~		
	10/27/1997				
4.	FEI Number	-		Applied For	
	65-0814928			Not Applicable	
5.	Certifcate 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 curre	ent year	Intangible		

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROOSH, DEAN V JR Street Address (P.O. Box Number is Not Acceptable) 2610 SW 16TH ST. FT. LAUDERDALE FL 33312 83 City 85 Zip Code

Country

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 agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change` ☐ Addition ☐ DELETÉ 1.1 TITLE TITLE ROUSH, DEAV V 1.2 NAME NAME 2610 SW 16 ST 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered. Block 12 or Block 13 if change

SIGNATURE:

CR2E034 (11/98)