

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000094871 (5)

1. Corporation Name

INSTEAD OF FLOWERS, INC.



Principal Place of Business

Mailing Address

465 FORREST AVE., STE. 126  
COCOA FL 32922

465 FORREST AVE., STE. 126  
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

59-3494562

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address 206 Forest Hill Dr.

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State  
Cocoa, FL

23 Zip Country

28 Zip Country  
32926 USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESSEY, NICHOLAS N  
1015B S. FLORIDA AVE.  
ROCKLEDGE FL 32955

Suzanne R. Hagen  
206 Forest Hill Dr.  
Cocoa, FL 32926

81 Name

Suzanne R. Hagen

82 Street Address (P.O. Box Number is Not Acceptable)

206 Forest Hill Dr

83

84 City

Cocoa

FL

85 Zip Code

32926

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Suzanne R. Hagen

4-24-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HAGEN, SUZANNE R  
STREET ADDRESS 465 FORREST AVE., STE. 126  
CITY-ST-ZIP COCOA FL 32922

☐ DELETE

1.1 TITLE Hagen, Suzanne R.  
1.2 NAME Hagen, Suzanne R.  
1.3 STREET ADDRESS 206 Forest Hill Dr  
1.4 CITY-ST-ZIP COCOA FL 32926

☒ Change ☐ Addition

TITLE D  
NAME HAGEN, JAMES F  
STREET ADDRESS 465 FORREST AVE., STE. 126  
CITY-ST-ZIP COCOA FL 32922

☐ DELETE

2.1 TITLE Hagen, James F.  
2.2 NAME Hagen, James F.  
2.3 STREET ADDRESS 206 Forest Hill Dr  
2.4 CITY-ST-ZIP COCOA, FL 32926

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)