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 # P97000099673 (0)

RIVERVIEW FLORIST, INC.

FILED Apr 22 1998 8:00am Secretary of State



			1 1 1 1 1 1 1 1 1	0 1911/8 8 1111 1 9000 1411 4 8 01
Principal Place of Business	Mailing Address			
720 SUNDANCE TRAIL WIMAUMA FL 33590	720 SUNDANCE TRAIL WIMAUMA FL 33598			
THIMNUMN TE 50000			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			11/24/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3478695	Applied For
21 9405 U.S. Hwy 301 S.	26 720 Sundar	nce Trail	59-3476695	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 😾	\$8.75 Additional Fee Required
City & State	City & State			
23 Riverview, FL	1	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	70	Country	8. This corporation owes or has paid the cur	
24 33569 26 USA	₂₉] 33598	30 USA	_ 1 **	Yes [] No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
ROWE, JAMES C		81 Name	nita K. Layton ERRO	Q
100 2ND AVENUE SOUTH		82 Street Add	lress (P.O. Box Number is Not Acceptable)	EMAIN
SUITE 400N			ZO Sundance II all	
ST PETERSBURG FL 33701		83	u	NCHANGED
		84 City		85 Zip Code
A TOTAL A A TOTAL A SANCE		Wi	mauma FL	3 3598 -
11. Pursuant to the provisions of Sections 647 0502 office or registered agent for both, in the Stand of agent. I am tabular with find the policy of gall.	and 607,1508. Florida Statut if Florida: Such change was a	es, the above-named cor authorized by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
agent I am tarbillar with, and a copt the offigat	ions of Section 607,0505, Fro	orida Statutos	4	1-10-98
SIGNATURE TYPE Standard Type of a printed name of registered ages	TOTE , TREST	DENT Registered Agent signature requ	,	-10-78
12. OFFICERS AND	4	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
True	DELETE	1 1 TOTALE		☐ Change ☐ Addition
NAME President/Secret	ary	1.2 NAME		
STHEET ADDRESS Anita K. Layton	1 -	1.3 STREET ADDRESS		
CITY-ST-7IP 720 Sundance Tra		1.4 City - St - ZiP		
Wimauma, FL 335	98 DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREE1 AUDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY - S1 - ZIP		
THILF	☐ DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City - St - 7iP	DELETE	3.4. C(TY - ST - 7(P) 4.1 Title		Change Addition
NAME	L.J DECETE	4.1 ITELE 4. 2 NAME		C Analige L Anoliton
STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	5.1 TITLE		Change Addition
NAME	Accord to the Control	5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE	DELFTE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
14. Thereby certify that the information supplied with indicated on this annual report or supplied ental.	i his filing does not qualify for	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information

4. I hereby certify that the information supplied with bus filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the configuration on the receiver of this terminal property in the same legal effect as if made under eath; that I am an officer or director of the configuration on that my name appears in Block 12 or Block 13 if changed, or on an attachmost without address.

SIGNATURE:

hita 1. Daylor

ANITA K. LAYTON

4-10-98

813-822-1288