## 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 # P97000105551 (0)

PERFECT ROSES, INC.

Mailing Addross

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address										
5425 BEAUMO TAMPA FL 33	ONT CENTER BLVD. 634		5425 BEAUMONT CENTER BLVD. TAMPA FL 33634										
INMINITE SO	•	•••						DO	NOT WRITE	IN THIS S	PACE		
							3.	Date incorporated of	r Qualified				
								12/16/1997					
6 Principal Pl	ace of Business	120	Mailing Address				4	FEI Number			Т	An	olied For
	ace of Dosiness		Mailing Addition					59-34815	'4 a		⊢	<del></del>	Applicable
21		26	0.2. 1.1.44.				<u> </u>	7-21012	1		60		
Suite, Apt. :	#, <b>e</b> tc.	<b>⊢</b>	Suite, Apt. #, etc.				5.	Certificate of Status	Desired				dditional guired
City & State			City & State					Election Campaign I	Inanolno		¢ E	00	May Be
	•	28	¬ ·			В.	Trust Fund Contribu	-				Fees	
Zip	Country Zip			Cour	Country			This corporation ow					
<del></del> -	<del> </del> 1	<u> </u>					В.	Personal Property To		_	] Yes		No
24	25 9. Name and Address of Curre	29	ared Agent	[30]			- 40	Name and Address				-	
			alen videlir		81	Name	. 10.	. 1101110 0110 700100	0. 11041 110	Biotology	190		
	RPORATION SERVICE COMPA	NY		l									
1201 HAYS STREET				82	Street	Street Address (P.O. Box Number is Not Acceptable)							
TAL	LAHASSEE FL 32301-2525			1	_								
					83								
				Ì	84	City					85	Zip C	ode
				i		•				FL	1 1		
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 60	7.1508, Florida Stat	utes, the ab	ove	e-named	corporation	on submits this statem	ent for the p	ourpose of	chang	ing its	registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida dations of	a. Such Change was Section 607.0505. I	Florida Statu	ites	, tue cort P	poration s L	board of directors, Fri	ereny acce	or rue app	JII I II I I I	in as	egistered
	Tribution Tribit, and book the ban,	gamente en											- 1
SIGNATURE	Signature, typed or printed name of registered as	pent and title if	applicable (No	OTE: Registered	Age	nt signature	required when	n reinstaling)		DATE			
12.	OFFICERS AI			13.			/	ADDITIONS/CHANGE	S TO OFFIC	ERS AND	DIRE	CTOR	3 IN 12
TITLE	PT		DELETE	1.1 TIT	LE		<u> </u>			***	Ch	ange	Addition
NAME	LEE, KEN			1.2 NA	ME								1
	5425 BEAUMONT CENTER	BI VID				ADDRESS							
STREET ADDRESS		DL I D.		E									-
CITY-ST-ZIP	TAMPA FL 33634		DELETE	1,4 CIT 2.1 TIT		1-217					Ch	ange	Addition
TITLE	•										J.,	u.,.go	
NAME	CANNON, JAMIE			2.2 NA									ł
STREET ADDRESS	5425 BEAUMONT CENTER	BLVD.		2.3 \$TI	KEET	ADDRESS							
CITY-ST-ZIP	TAMPA FL 33634			2. 4 CI		ST-ZiP				***	F-1 A		1 4488-
TITLE	V		☐ DELETE	3.1 TIT	LE						☐ Ch	ange	☐ Addition
NAME	CARRUTHERS, JOHN			3.2 NA	ME								]
STREET ADDRESS	5425 BEAUMONT CENTER	BLVD.		3.3 STI	REET	ADDRESS							•
CITY-ST-ZIP	TAMPA FL 33634			3.4. CI	<u> </u>	ST-ZIP							
TITLE	\$		DELETE	4.1 TIT	LE						☐ Ch	ange	Addition
NAME	YANEZ, ARMANDO			4. 2 NA	ME								
STREET ADDRESS	5425 BEAUMONT CENTER	BLVD.		4,3 STI	REET	ADDRESS							
CITY-ST-ZIP	TAMPA FL 33634			4.4 CII									ļ
TITLE	THREE COURT		DELETE	5.1 TIT							Ch	ange	Addition
!!!				5.2 NA								-	
NAME						ADDRESS	ļ						
STREET ADDRESS				•			1						
CITY-ST-ZIP			DELETE	5.4 CIT		1-ZIP	<del> </del>				☐ Ch	2000	Addition
TITLE			☐ DECE   E	6.1 <b>T</b> IT							ال ليا	ai iño	ADDITION
NAME				6.2 NA	MĘ		1						
STREET ADDRESS				6.3 \$TI	REET	ADDRESS							
CITY-ST-ZIP				6.4 CIT	Y-\$	T-ZIP	<u></u>						

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.