Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90007 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98 1. Corporation Name	000001541
FANCY PLANTS, INC.	

FANÇY	PLANTS, INC.								
Principal Plac	ce of Business	Mailing Address			I (BB):	(001 410 10101 10141 00fil 0	11() 0 1()) 00 (() 6	#(#1 I(##I WII)I	Giber Her less
228 SW 4TH S		228 SW 4TH ST							
BOCA RATON		BOCA RATON FL 33432							
						DO NOT WR		SPACE	
						rporated or Qualifed			1
. , • (<u> </u>			01/05/1				
	Place of Business	2a. Mailing Address			4. FEI Numb	er Maranilla	V .	<u> </u>	plied For
21		26			65 -	<u> </u>	<u>Xo</u>	 	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired		\$8.75 / Fee Re	
22	·	27			1			•	
City & Sta	te	City & State			••	Campaign Financing		\$5.00	• ,
23		28				d Contribution		bebbA	o rees
Zip	Country	Zip	Coun	try	1	oration owes the cur	rent year Inta	angible ☐Yes	MNo
24	25		30			Property Tax.	Domintored /		ANO
	9. Name and Address of Curren	t Registered Agent	 ,	B1 Name	10. Name an	d Address of New	registered /	igent	
COI	DMAN CININY I ECO			Name					
	LDMAN, GINNY L ESQ.	200	1	32 Street A	Address (P.O. Box No	umber is Not Accept	able)		
	NW SPANISH RIVER BLVD, STE	200	Ļ						
BOC	CA RATON FL 33431			B3			•		
	•		- 1	B4 City				85 Zip (Code
	to the provisions of Sections 607.050:						FL		
office or i	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	itnonzed i ida Statut	es.	ration's board of dire	ctors. I hereby acce	pt the appoin	tment as re	gistered
	Signature, typed or printed name of registered agen		_	gent signature re	equired when reinstating)	S/CHANGES TO OF		D DIRECTO	NPS IN 12
12.		D DIRECTORS	13.	_ 1	ADDITIONS	S/CHANGES TO U	-FICERS AN	Change	Addition
TITLE	PRESIDENT	☐ DELETE	1,1 TM.					Critical	
NAME '	Ann Bernstein 228 SW 4 STREET		1.2 NAM						
STREET ADDRESS	228 SW 4 SIREE1	12.7		EET ADDRESS					
CITY-ST-ZIP '	BOCA RATION, PL 334		_	-ST-ZIP					Addition
TITLE	1		2.1 TITL					Change	
NAME ; i		☐ DELETE			•			Change	Addidon
STREET ADDRESS	3	T DEFE IE	2.2 NAM				<u></u>	Change	☐ Addidoir
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TITLE			2.2 NAM 2.3 STR 2.4 CIT	IE EET ADORESS Y-ST-ZIP	,				
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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, with all other like empowered.

SIGNATURE: X