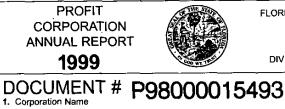
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

OUTRAGEOUS ORCHIDS AND FLORIST, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90272 037 ***150.00

٠.				
Principal Place	e of Business	Mailing Address		
4300 WEST BROWARD BLVD. PLANTATION FL 33317 4300 WEST BROWARD BLVD. PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE	
	·			3. Date Incorporated or Qualified
				02/17/1998
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	lace of Eddiness	26		65-0810317 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29 30	<u> </u>	
<u>.</u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
REY	DEL-GARICA, NICOLE		1]	Nicole Reudel
4300 WEST BROWARD BLVD.			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33317		83	4300 W. Broward 15/14d,	
7		[65]		
	\sim		84 City	Plantation FL 85 Zip Code 33317
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes,	the above-named co	reporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
office or n	egistered agent, or both, in the State of m familiar with, and accepy the obligation	Florida. Such change was authors of, Section 607,0505, Florida	onzed by the corpora Statutes.	mon's board of directors. Thereby accept the appointment as registered
SIGNATURE	1 leave 1	esh V		4/29/199
SIGNATURE	Signature, typed or printed name of requetered agent		istered Agent signature requ	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD / NICOLE	C / □ DELETE		
NAME	REYDEL-GARICA, NICOLE	1	1.2 NAME	NICOLE REYDEL 4300 W.BROWARD BIND
STREET ADDRESS	4300 WEST BROWARD BLVD.			
CITY-ST-ZIP	PLANTATION FL 33317 VP	☐ DELETE	1.4 CRY-ST-ZIP	PLANTATION, FL 33317 VP Achange Addition
TITLE		(DCLL1C	2.2 NAME	16 -
NAME	REYDEL-GARICA, NICOLE 4300 WEST BROWARD BLVD.		2.3 STREET ADDRESS	NICOLE REYDEL 4300 W. BROWARD BLVD.
STREET ADDRESS	PLANTATION FL 33317	•	2.4 CITY-ST-ZIP	9300 W. 15120 WHILE 33317
CITY-ST-ZIP	PLANTAHON TE 33317	☐ DELETE		PLANTATION, FL 33317 Change RAddition
NAME		_	3.2 NAME 1	MARGARET REYDEL
STREET ADDRESS			3.3 STREET ADDRESS	4300 W. BROWARD BLUD,
CITY-ST-ZIP				PLANTATION, FL 33317
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	, S.	☐ DELETE	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
		☐ DELETE	1 1	☐ Change ☐ Addition
NAME		☐ DELETE	5.2 NAME	
NAME STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)