

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000015493

1. Corporation Name

OUTRAGEOUS ORCHIDS AND FLORIST, INC.

Principal Place of Business
4300 WEST BROWARD BLVD.
PLANTATION FL 33317

Mailing Address
4300 WEST BROWARD BLVD.
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

65-0810317

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REYDEL-GARICA, NICOLE
4300 WEST BROWARD BLVD.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

Nicole Reydel

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

4300 W. Broward Blvd.

83

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 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

4/29/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME REYDEL-GARICA, NICOLE
STREET ADDRESS 4300 WEST BROWARD BLVD.
CITY-ST-ZIP PLANTATION FL 33317

TITLE VP ☐ DELETE

NAME REYDEL-GARICA, NICOLE
STREET ADDRESS 4300 WEST BROWARD BLVD.
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME NICOLE REYDEL
1.3 STREET ADDRESS 4300 W. BROWARD BLVD
1.4 CITY-ST-ZIP PLANTATION, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME NICOLE REYDEL
2.3 STREET ADDRESS 4300 W. BROWARD BLVD.
2.4 CITY-ST-ZIP PLANTATION, FL 33317

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S MARGARET REYDEL
3.3 STREET ADDRESS 4300 W. BROWARD BLVD.
3.4 CITY-ST-ZIP PLANTATION, FL 33317

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

MARGARET MREYDEL 4/29/99 792-5564

Date

Daytime Phone #

CR2E034 (11/98)