

09131999-90007-038-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

79.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:38

DOCUMENT # **P98000021279**
Corporation Name
A AAA ANYTIME FLORIST, INC.

Principal Place of Business
98 NW 16TH STREET, STE F
LAUDERDALE FL 33311

Mailing Address
3698 NW 16TH STREET, STE F
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

65-0818188

☒ 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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILBANKS, RALPH
9110 NW 12TH STREET
FT. LAUDERDALE FL 33322

10. Name and Address of New Registered Agent

81 Name **Dennis L. McClure**
82 Street Address (P.O. Box Number is Not Acceptable)
6111 NE 19th St
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33308**

Pursuant to the provisions of sections 607.0502 and 607.1506, 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 **Dennis L. McClure**

DATE **8/15/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ADDRESS	D WILBANKS, RALPH E 9110 NW 12TH STREET FT. LAUDERDALE FL 33311	☒ DELETE
ST-ADDRESS	D MCCLURE, DENNIS L 9110 NW 12TH STREET FT. LAUDERDALE FL 33311	☐ DELETE
ST-ADDRESS	D NEALON, DAWN 2310 NW 6TH AVE. WILTON MANORS FL 33311	☒ DELETE
ST-ADDRESS		☐ DELETE
ST-ADDRESS		☐ DELETE
ST-ADDRESS		☐ DELETE

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Dennis L. McClure	
1.3 STREET ADDRESS	6111 NE 19th Street	
1.4 CITY-STATE-ZIP	Ft. Lauderdale, FL. 33308	☐ Change ☒ Addition
2.1 TITLE	Vice President	
2.2 NAME	Robert S. McClure	
2.3 STREET ADDRESS	9110 NW 12th Street	
2.4 CITY-STATE-ZIP	Ft. LAUDERDALE, FL. 33322	☐ Change ☒ Addition
3.1 TITLE	Secretary	
3.2 NAME	Miriam E. McClure	
3.3 STREET ADDRESS	7851 Raleigh Street	
3.4 CITY-STATE-ZIP	Hollywood, FL. 33024	☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 its manager 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 statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/99

Date

954 327-2054

Daytime Phone #

CR2034 (5/99)