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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000032069

1. Corporation Name

FLOWERS BY KATHLEEN, INC.

Principal Place of Business

10001 NW 50 ST STE 103A
SUNRISE FL 33351

Mailing Address

10001 NW 50 ST STE 103A
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

2. Principal Place of Business

21 6246 W. OAKLAND PK
Suite, Apt. #, etc.

2a. Mailing Address

26 6246 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.

4. FEI Number

650828541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 SUNRISE FL

City & State

28 SUNRISE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

24 33313 25 Broward

Zip Country

29 33313 30 Broward

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

WORSLEY, P K
10001 NW 50 ST STE 103A
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name WORSLEY, P K
82 Street Address (P.O. Box Number is Not Acceptable)
6246 W. OAKLAND PARK BLVD
83
84 City SUNRISE FL 85 Zip Code 33313

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 Katherine Worsley President

4-14-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PRESIDENT
NAME KATHLEEN WORSLEY
STREET ADDRESS 6246 W. OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

KATHLEEN WORSLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

954-748-1048

Daytime Phone #

CR2E034 (1/98)