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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

APR 20 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000037435**

1. Corporation Name

**FLOWERS FOR ALL SEASONS, INC.**

Principal Place of Business Mailing Address

**1954 Southcreek Blvd.**  
~~1879 Spruce Creek Blvd., East~~  
**Daytona Beach, Florida 32124**

2. Principal Place of Business

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 2a | Mailing Address     |
| 22 | City & State        | 26 | Suite, Apt. #, etc. |
| 23 | Zip                 | 27 | City & State        |
| 24 | Country             | 28 | Zip                 |
| 25 |                     | 29 | Country             |

9. Name and Address of Current Registered Agent

**Robert C. Yorker**  
~~1879 Spruce Creek Blvd., East~~  
**Daytona Beach, Florida 32124**  
**1954 Southcreek Blvd.**

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 of registered agent (and director, if applicable)

Printed name of registered agent (and director, if applicable)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                          |
|----------------|------------------------------------------|
| 12             | OFFICERS AND DIRECTORS                   |
| TITLE          | Director                                 |
| NAME           | Jacqueline A. Newman Yorker              |
| STREET ADDRESS | <del>1879 Spruce Creek Blvd., East</del> |
| CITY-STATE-ZIP | Daytona Beach, Florida 32124             |
| TITLE          |                                          |
| NAME           |                                          |
| STREET ADDRESS | <del>1954 Southcreek Blvd.</del>         |
| CITY-STATE-ZIP |                                          |
| TITLE          |                                          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |
| TITLE          |                                          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |
| TITLE          |                                          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |

|                |                                                   |
|----------------|---------------------------------------------------|
| 13             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          |                                                   |
| NAME           |                                                   |
| STREET ADDRESS |                                                   |
| CITY-STATE-ZIP |                                                   |
| TITLE          |                                                   |
| NAME           |                                                   |
| STREET ADDRESS |                                                   |
| CITY-STATE-ZIP |                                                   |
| TITLE          |                                                   |
| NAME           |                                                   |
| STREET ADDRESS |                                                   |
| CITY-STATE-ZIP |                                                   |
| TITLE          |                                                   |
| NAME           |                                                   |
| STREET ADDRESS |                                                   |
| CITY-STATE-ZIP |                                                   |

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\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(g), 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:

*Jacqueline A. Newman Yorker*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 (904) 761-8576

CR2E034 (1-1-98)