## 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

## DOCUMENT # P98000039012

PLANT PIZZAZZ FLORALS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90081 035 \*\*\*150.00



Fillicipal Flace	OI DUDINIOUS					1
P.O. BOX 210968 ROYAL PALM BEACH FL 33421-0968		P.O. BOX 210968 ROYAL PALM BEACH FL 33421-0968				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 04/28/1998
2 Princinal Pl	ace of Business	2a. Mail	ing Address			4. FEI Number Applied For
21		26				(.S - 0828945 Not Applicable
Suite, Apt.	# etc		e, Apt. #, etc.			_ \$8.75 Additional
	, , , , , , , , , , , , , , , , , , , ,	27	.,.,.	. •		5,: Certificate of Status Desired Fee Required
City & State	<u> </u>		& State			6. Election Campaign Financing S5.00 May Be
<b>一 </b>		28				Trust Fund Contribution Added to Fees
23 Zip	Country	Zip		Country		8. This corporation owes the current year Intangible
	25	29	30	¬ ·		Personal Property Tax.
24	9. Name and Address of Cur			<del></del>		10. Name and Address of New Registered Agent
<del></del>	5. Name and Address of Car	· · · · · · · · · · · · · · · · · · ·		81	Name	
SHIN	IER. MARCIA			<u> </u>		
4572 AVACADO BLVD.				82	eet Address (P.O. Box Number is Not Acceptable)	
	AL PALM BEACH FL 33411					
1101	AE I ABII DEACH LE COTTI			83		
				84	City	FI 85 Zip Code
						· · · · · · · · · · · · · · · · · · ·
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida Si	uch change was autr	IOFIZEU DV	ine cor	ned corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						DATE
	Signature, typed or printed name of registered				ni signaturi	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS	AND DIRECTO	DELETE	13.		Resionary Change Addition
TITLE			T DETELE			1 K6210 Ep
NAME				1.2 NAME		MARCIA SHINER
STREET ADDRESS				1.3 STREE		ByAL AMBERGE KE 33411
CITY-ST-ZIP		<u> </u>		1.4 CITY-S	T-ZIP	Change Addition
TITLE			☐ DELÉTE	2.1 TITLE		
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREE	TADORES	ESS
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP	
TITLE			☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREE	T ADDRES	ESS
CITY-ST-ZIP				3.4. CITY-	XT-7IP	
TITLE			☐ DELETE	4.1 TITLE		Change Addition
NAME			<b>_</b>	4. 2 NAME		
	•			4.3 STREE		zee -
STREET ADDRESS						533
CITY-ST-ZIP			DELETE	4.4 CITY-5	T-ZIP	Change Addition
TITLE			C DETEIR	5.1 TITLE 5.2 NAME		
NAME					7 ADODES	
STREET ADDRESS	•			5.3 STREE		229
CITY-ST-ZIP				5.4 CITY- S	T-ZIP	
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAME (2)				6.2 NAME		
STREET ADDRESS				6.3 STREE	TADDRES	ESS
				64 CITY-5	T- 71P	

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 chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

CD2E034 (11/98)