

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 # P98000049375

1. Corporation Name

MISTY'S FLORIST & GIFT SHOP INC.

Principal Place of Business

**603 NORTHLAKE BLVD. N.
PALM BEACH FL 33404**

Mailing Address

**603 NORTHLAKE BLVD. N.
PALM BEACH FL 33404**

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90094 043 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

65-0603471

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHANG, MISTICA M
603 NORTHLAKE BLVD. N.
PALM BEACH FL 33404**

81 Name

RAMON Q. CHANG

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

405 SEA OATS DR. #H

83

84 City

JUNO BCH

FL

85 Zip Code
33408

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 **Ramon Q. Chang** (RAMON Q. CHANG) 2/11/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **CHANG, MISTICA M**
STREET ADDRESS **405 SEA OATS DR. #H**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **D** ☐ DELETE

NAME **CHANG, RAMON Q**
STREET ADDRESS **405 SEA OATS DR. #H**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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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: **Ramon Q. Chang**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 561 848 7773
Date Daytime Phone #

CR2E034 (1/98)