

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90056 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000058881
 1. Corporation Name
FLORIDA WHOLESALE FLORIST SUPPLY, INC.



Principal Place of Business 970 SUNSHINE LN. #J ALTAMONTE SPRINGS FL 32714	Mailing Address 970 SUNSHINE LN. #J ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1998	
21		28		4. FEI Number * 59- 3523197	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARCIA, OSCAR 1512 SW 118TH CT MIAMI FL 33184		10. Name and Address of New Registered Agent	
		81 Name * Olga L. Viana	85 Zip Code 32707
		82 Street Address (P.O. Box Number is Not Acceptable) 320 Falling Leaf Way	
		83 Casselberry	
		84 City	FL

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: *Olga L. Viana* DATE: 3/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, OSCAR	1.2 NAME	Olga L. Viana
STREET ADDRESS	1512 SW 118TH CT	1.3 STREET ADDRESS	320 Falling Leaf Way
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Emma Garcia
STREET ADDRESS		2.3 STREET ADDRESS	970 Sunshine Ln Suite #J.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Alt. Springs, FL 32714
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Olga L. Viana* DATE: 2/9/99 (407) 682-4166

CR2E034 (11/88)