## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**∵PRÒFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

 Corporation Name FLOWERS IN PARADISE IN 7941 PORPOISE DR.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90009 008 \*\*\*150.00

Principal Place of Business	35050			
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
206 KCR CAUSEN	JAU 7941 POL	lpoise DR		
YOU LOUDNY BEAL	CB CAUSEWAY 7941 PORPOISE WON'T SEACH, K MARATHON, K 33051		DO NOT WRITE IN THIS SPACE	
32	3051	~ 330SO	3. Date Incorporated or Qualifed	
	·		09-17-98	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0866266	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	Zip Country Zip Country		Trust Fund Contribution	Added to Fees
	<u>⊢</u> ¬ `		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of C	urrent Registered Agent	30	Personal Property Tax.  10. Name and Address of New Registere	<del></del>
5. Name and Address of C	dirett Registered Agent	81 Name	10. Hame and Address of New Registere	d Agent
TANKI O'CONNELL				
7941 PORPOISE DA MARATHON FL 3	<u>.                                    </u>	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
144110111111111111111111111111111111111	<b>30</b> 50 .	83		
MARATHOUTE	,,,,			
		84 City	. F	<del></del>
			oration submits this statement for the purpose on's board of directors. I hereby accept the app	
agent. I am familiar with, and accept the			or a board or directors. Thereby decept the app	omment as registeres
SIGNATURE				
Signature, typed or printed name of register	<del></del>	Registered Agent signature required	·	400 OUDEOTODO (N. 40
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
, there is a color	CCC	1.2 NAME		Compage Chambon
STREET ADDRESS 7941 PORPOISE DL				
المراجعة الم	330SP	1.3 STREET ADDRESS		
TITLE MAKE CHOO FC	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		22 NAME		Output Character
STREET ADDRESS		23 STREET ADDRESS	-	
f i		<b>f</b> .		
CITY-ST-ZIP	☐ D€LETE	2.4 CITY-ST-ZIP		Change Addition
NAME		3.2 NAME		<del>-</del> • <del>-</del> · · ·
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		•
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5,4 CITY-ST-ZIP		*
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		ļ
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
VIII-VITAR				

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 informational 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: