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

Mailing Address

C/O GERALD STEVENS. INC.

ONE FINANCIAL PLAZA

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000095450**

1. Corporation Name

Principal Place of Business

C/O GERALD STEVENS, INC.

ONE FINANCIAL PLAZA

GSI ACQUISITION, INC.

FI. LAUDERDALE FL 33394 FI. LAUDERDALE FL 33394					DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 11/12/1998		
2. Principal	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	· _]	
21	26				65-0879596 Not Applice	ble	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additiona	j	
22	27		_		5. Certificate of Status Desired		
	City & State City & State				6. Election Campaign Financing \$5.00 May Be	- }	
23	28				Trust Fund Contribution Added to Fees		
Zip	Country Zip Cou		Countr	y	This corporation owes the current year Intangible	[
24	25	29 3	29 30		Personal Property Tax. Yes No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent		
AAR	COLCAN INCODMATION SECURC	EQ INC	8	1 Name	•		
AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE, 28TH FLOOR			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
· · · · · · · · · · · · · · · · · · ·			L				
MIAMI FL 33131			8:	3	•	J	
			84	1 City	85 Zip Code	_	
				} - "	FL		
office or	it to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	le of Florida. Such change was auti	norizea D	v the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	ed)	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	President.	☐ DELETE	1.1 TITLE	1	Pacsident Change PAde	dition	
NAME	Geral R. Geddis			Ģ	ceaus seddis	2	
STREET ADDRESS MC FINIANCIA PLAZA ILILIOOK			13 STREET ADDRESS ONE FINANCIAL PLAZA, IL FLOOR				
CITY-ST-ZIP	5 10 10 10 Ct 23 29 1/2			ST-ZIP	+. Lauderdale, FI 33394		
TITLE	VOS.	☐ DELETE	2.1 TITLE	\V	Change Add	tition	
NAME	BOAN PHILLIPS			A	DAM Phillips M EMANGEO PIAZA, II Flore	{	
STREET ADDRES	DRESS ONCEINANCIED PLOZA IL FLOOR 2			ET ADDRESS 🕻	ME FINANCIOL PIAMITI	ļ	
CITY-ST-ZIP	Ft-Haustridolo.	F-33394	2:4 CITY	ST-ZIP F	7. Lauderdall, Fl 32399.		
TITLE	VOO		31 TITLE	- IV	/PO Change Add	dition 1	
NAME	V P Late	DELETE	3 1 111100	"	K),iiO), j	
	Albert Detz		3.2 NAME	Ĺ	in hoots		
STREET ADDRESS	Albert Octa	CHAZA HEKOR	3.2 NAME	ET ADDRESS	ilbert Detz one FINANCIAL PIAZA, 11 Floor		
STREET ADDRESS	Albert DETZ SONE FINANCIAL F- Lauderdale,	1-33394	3.2 NAME 3.3 STRE 3.4. CITY	ET ADDRESS	Dibert Detz one FINANCIAL PIQZG, 11 Floor F. Laudendale, FI 33394		
	Albert DETZ SONE FINANCIAL Franciale,		3.2 NAME 3.3 STRE	ET ADDRESS	in hoots		
CITY-ST-ZIP	Albert DETZ SONE FINANCIAA FI Lauderdale, 1	1-33394	3.2 NAME 3.3 STRE 3.4. CITY	ST-ZIP	Dibert Detz one FINANCIAL PIQZG, 11 Floor F. Laudendale, FI 33394		
CITY-ST-ZIP TITLE	F-landerdale,	1-33394	3.2 NAME 3.3 STREI 3.4. CITY 4.1 TITLE 4. 2 NAME	ST-ZIP	Dibert Detz one FINANCIAL PIQZG, 11 Floor F. Laudendale, FI 33394		
CITY-ST-ZIP TITLE NAME	F-landerdale,	1-33394	3.2 NAME 3.3 STREI 3.4. CITY 4.1 TITLE 4. 2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Dibert Detz one FINANCIAL PIQZG, 11 Floor F. Laudendale, FI 33394	dition	

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 suppliemental 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 dn an attachment with an address, with all other like empowered. (954)713-1184

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

8.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

☐ Addition

☐ Change

FILED

Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90071 002 ***150.00