

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90016 045 \*\*\*150.00

DOCUMENT # **P98000097644**  
Corporation Name

**NATIONWIDE FLORAL SUPPLY CORPORATION**

Principal Place of Business

01 NW 97 AVENUE  
AMI FL 33172

Mailing Address

2101 NW 97 AVENUE  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/16/1998**

4. FEI Number

**65-0881425**

Applied For

Not Applicable

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**LICHTENSTEIN, GUY**  
**13500 SW 104 TERRACE**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME	<b>President / Secretary</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<b>Guy Lichtenstein</b>	
3. CITY-STATE-ZIP	<b>13500 SW 104 Terr.</b>	
4. CITY-STATE-ZIP	<b>Miami, FL 33186</b>	
5. NAME	<b>Vice President</b>	<input type="checkbox"/> DELETE
6. STREET ADDRESS	<b>Angela Lichtenstein</b>	
7. CITY-STATE-ZIP	<b>13500 SW 104 Terr.</b>	
8. CITY-STATE-ZIP	<b>Miami, FL 33186</b>	
9. NAME		<input type="checkbox"/> DELETE
10. STREET ADDRESS		
11. CITY-STATE-ZIP		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



# Nationwide Floral Supply Corp.

P.O. Box 226106 • Miami, FL 33122-6106  
2101 NW 97 Avenue • Miami, FL 33172

Phone (305) 599-0756 / Fax (305) 599-0956  
Toll Free (800) 881-3335

583459-90016-45

P98000097644

July 1, 1999

Departement of State  
Division of Corporations  
Annual Reports Filings  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

Ref: P98000097644

We never received the first notice, the first one we get is the second notice.

Would you accept the regular filing fee of 150.00 this time.

Thanking you in advance,

Sincerely,

NATIONWIDE FLORAL Corp.

  
Guy Lichtenstein

President.

C:\WP\LETTERS\Florida Department of Corporations.WPD