

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90173 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000099154

1. Corporation Name
FLOWERS & FANCIES INC.

Principal Place of Business 12249 PEMBROKE ROAD PEMBROKE PINES FL 33125	Mailing Address 12249 PEMBROKE ROAD PEMBROKE PINES FL 33125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1998	4. FEI Number 65-0878858	Applied For Not Applicable
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26	27
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
				7. \$8.75 Additional Fee Required		
				8. \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ALFONSO, SYLVIA 12249 PEMBROKE ROAD PEMBROKE PINES FL 33125				10. Name and Address of New Registered Agent			
				81 Name	ROSS TRIGON P.A.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1000 N. HATFIELD SUITE 110		
				83			
				84 City	Pembroke Pines	85 Zip Code	33066

11. Pursuant to the provisions of Sections 607.0507 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: *Ross Trig* DATE: 2/7/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFONSO, SYLVIA			1.2 NAME			
STREET ADDRESS	12249 PEMBROKE ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33125			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 in an attachment with an address, with or without other like empowered.

SIGNATURE: *Sylvia Alfonso* DATE: 2/7/99

CR2E034 (11/98)