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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S14418 1. Corporation Name

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90100 040 ***150.00

I THE HO	se of Sharon Florist, I	NC.						
					. 1 2002/2010 1001 (2011 010) 1 21001 1/00			(A)
Principal Place	e of Business	Mailing Address				DI 1841 BIBII 4 18	.,	11811 61811 1881
1201-A 34TH ST		1201-A 34TH ST. NORTH						
ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713								
					DO NOT WRIT	E IN THIS S	PACE	
					3. Date Incorporated or Qualifed			
					11/19/1990			
—	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26			59-3036847		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	
22		27		,				'
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
23	Country	Zip	Country		8: This corporation owes the curre	ent vone Into		/
Zip			- ¬		Personal Property Tax.		∏ Yes	No
24	9. Name and Address of Current		30		10. Name and Address of New Ro			
	5. Name and Address of Current	t itegiaterea Agent	81	Name		_×-		
MICH	HAEL, DENNIS L.					•		
	34TH ST. NO.		82	Street Addres	ss (P.O. Box Number is Not Acceptal	ble)		
	ETERSBURG FL 33713		83			·		
			84	City		FL	85 Zip (Code
44 Dummant	to the provisions of Sections 607.0502	2 and 607 1509 Florida Statute	e the above-r	named corpo	ration submits this statement for the r	nurnose of c	hanging its	registered
office or n	egistered agent, or both, in the State o	of Florida. Such change was au	thorized by th	e corporation	's board of directors. I hereby accept	t the appoint	ment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.		•			
SIGNATURE		ALOTE I	Registered Agent s	conturn required	when minetating)	DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	ignatura raquirou	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
TITLE	PTD .							
NAME		DELETE	1.1 TITLE	P	7 /h		Change	☐ Addition
	•	DELETE	1.1 TITLE 1.2 NAME	1 -	TD Dannes A.	•	Change	
STREET ADDRESS	MICHAEL, DENNIS L.	☑ DELETE	1.2 NAME	1 -	TD lickael, Dannis L.			
STREET ADDRESS	MICHAEL, DENNIS L. 4700 C COGUINA KEY DR SE	₫ DELETE	1.2 NAME 1.3 STREET A	DDRESS /	TD lickael, Dannis L.			
CITY-ST-ZIP	MICHAEL, DENNIS L.	Ø DELETE	1.2 NAME	DDRESS J	TD Aichael, Dannis L. 1201 34 th St. No St. Paterburg, Fl	. 337	7/3	
CITY-ST-ZIP TITLE	MICHAEL, DENNIS L. 4700 C COGUINA KEY DR SE ST. PETERSBURG FL V		1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE	DDRESS J	TD Aichael, Dannis L. 1201 34 th St. No St. Paterburg, Fl	. 337	7/3	Addition
CITY-ST-ZIP TITLE NAME	MICHAEL, DENNIS L. 4700 C COGUINA KEY DR SE ST. PETERSBURG FL V MICHAEL, JANET E.		1.2 NAME 1.3 STREET AI 1.4 CITY- ST-2 2.1 TITLE 2.2 NAME	DDRESS J	TD Aichael, Dannis L. 1201 34 th St. No St. Paterburg, Fl	. 337	7/3	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MICHAEL, DENNIS L. 4700 C COGUINA KEY DR SE ST. PETERSBURG FL V MICHAEL, JANET E. 4700 C COGUINA KEY DR SE		1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET AI	DDRESS J	TD Aichael, Dannis L. 1201 34 th St. No St. Paterburg, Fl	. 337	7/3	Addition
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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 of changed or on an attachment with an address with all other like empowered.

SIGNATURE

Dennis L. Michad 1/8/99 (727) 327-7113