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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$47670** 1. Corporation Name

PERFECT DESIGN FLORIST, INC.

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

04-23-1999 90203 025 ***150.00



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Principal Place	e of Business	Mailing Address				1 10011010 111 01011 11010 01111 10011 10011 01011 01011 01011		III 6 181) 1 39 1
19210 NW 11TH AVE 19210 NW 11TH AVE					-			
MIAMI FL 33169 MIAMI FL 33169				,	- 1			
						DO NOT WRITE IN THIS SPA	CE	
					1	3. Date Incorporated or Qualifed		
		0- M-11 Add				04/22/1991 4. FEI Number	T A 17	
—	cipal Place of Business 2a. Mailing Address					· · · - · · · · · · · · · · · · · · · · · · ·		ed For
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Suite Ant # etc	Suite, Apt. #, etc.		i	<u>- 65-0106443 </u>	8.75 Ad	Applicable
22		27	7			5. Certificate of Status Desired	Fee Requ	
City & State	e	City & State			- 1	6. Election Campaign Financing	\$5.00 M	ay Be
23		28				Trust Fund Contribution	Added to	Fees
Zip			Coun	try		8. This corporation owes the current year Intangil		
24	25	29	30			- Cooling to the contract of t		No
<u>-</u>	9. Name and Address of Cur	rent Registered Agent		31 Name		10. Name and Address of New Registered Age	<u>nt</u>	
IOH	INSON, PATRICIA		['	110000				•
ì	•		1	Street	Addres	s (P.O. Box Number is Not Acceptable)		7
19210 NW 11TH AVE MIAMI FL 33169			l.	33				
	MI 1 E 00 100	•	ľ	23				Ì
			-	34 City		FI 8	5 Zip Co	de
11. Pursuant	to the provisions of Sections 607 (1502 and 607 1508. Florida Statut	es, the ab	ve-named	corpora	ation submits this statement for the purpose of char	 naing its re	aistered
office or n	egistered agent, or both, in the Sta	ate of Florida. Such change was a	uthorized	by the compo	oration's	s board of directors. I hereby accept the appointme	nit as regis	stered
	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	nua Siaiui	es.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered A	gent signature ri	equired wf	nen reinstatung) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 12
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NAME	IOUNICON DATRICIA					L	Change	Addition
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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 on(an attachment with an address, with all other like empowered.

SIGNATURE: ×