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PROFIT '
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S92733

1. Corporatio	FLOWERS, INC.				.		
Principal Plac	ce of Business	Mailing Address				II MIGII DIDIE BEDEL (
7018 SW 87 AVENUE 7018 SW 87 AVENUE MIAMI FL 33173 MIAMI FL 33173				i i	•		
					DO NOT WRITE IN TH	IIS SPACE	•
					3. Date Incorporated or Qualifed		
	New (F) diver	1			11/07/1991		
-	Place of Business	2a. Mailing Address			4. FEI Number		oplied For
21 Suite, Apt.	# otc	26			65-0300672		ot Applicable Additional
22	. <i>m</i> , 616.	27			5. Certificate of Status Desired		Additional guired
City & Sta	te	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	
Zip 24	Country 25	Zip 29 3	Country 30	у	This corporation owes the current year Personal Property Tax.	Intangible	□No ·
• • • • • • • • • • • • • • • • • • • •	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
Eu u	100 mg		81	Name		• •	,
	NGS, INC.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3732 NW 16 STREET					areas (1.0. box Hulliber is Not Acceptable)		*** (14.0) 45 .
FUH	IT LAUDERDALE FL 33311		83	3		等级调	
			84	City	- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	85 Zip (Code
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11. Pursuant	registered agent, or both, in the State o	of Florida. Such change was autl	horized by	e-named corpo the corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its ointment as re	registered aistered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes	S.	, , , , ,]
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes	S.			<u> </u>
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	da Statutes	S.	I when reinstating) , } DATE	AND DIRECTO	
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: 6

SINATURE AND TYPED OR PRINTED NAME OF SUPPLIER OR DIRECTOR

1/11/29

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90033 027 ***150.00

Daytime Phone #

CR2E034 (11/9)