FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V50666

DEE'S FLORIST & DESIGNS, INC.

(9)

FILED May 07 1997 8:00am Secretary of State

Principal Place of Business 809 OLD DIXIE HWY. RIVIERA BEACH FL 33404 US		Mailing Address 909 OLD DIXIE HWY RIVIERA BEACH FL 33404-7323 US		S (20) S(100) B(11) B239 ANIC AND B11) A101 S1914 STED A1011 A1011 A1011 A1011			
J.		••			3. Date Incorporated or Qualified 07/13/1992	3a. Date of L 05/01/19	
2. Principal Pr	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	\$ 		65-0252571		Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	в	City & State	 		6. Election Campaign Financing		.00 May Be
		28			Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible text under s. 199.032, Florida Statutes Yes No		
24	9. Name and Address of Currer	29 Agent	30		Florida Statutes L. Yes Pho 10. Name and Address of New Registered Agent		
MAN	LORYE CUNNINGHAM	it riogisterou Agent		Name	14. Harris and Hadridge at Hotel	TO STORE THE STO	,,
201 AVENUE H							
RIVIERA BEACH FL 33407			8	82 Street Address (P.O. Box Number is Not Acceptable)			
LAN	ENA DENON PL 3340/		le le	3		· · · · · · · · · · · · · · · · · · ·	
				City		FL 65	Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change w	as authorized	by the corpora	poration submits this statement for the ation's board of directors. I hereby acc	purpose of change	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE Registered	Agent signature regu	ired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	DELETE DELETE		1.1 TITL	E		☐ Ch	ange Addition
NAME	CUNNINGHAM, DENEAL		1.2 NAM	IE			3
STREET ADDRESS	909 OLD DIXIE HIGHWAY		1.3 STR	EET ADDRESS			[8
CITY-ST-ZIP	RIVIERA BEACH FL		1.4 CITY	-ST-ZIP			[5
TOLE	TD	DELETE	2.1 TITL	······································		☐ Ch	ange Addition C
NAME	CUNNINGHAM, MALLORYE		2.2 NAM	IE .			
STREET ADDRESS	201 AVENUE H		2.3 STR	EET ADDRESS			1
CHY-ST-ZIP	RIVIERA BEACH FL			Y-ST-ZIP			
011 0 11	SD	DELETE	3.1 TITL			☐ Ch	ange Addition
NAME	CUNNINGAHM, NEALIA	•	3.2 NAN	ŧΕ	•	•	
STREET ADORESS	201 AVENUE H		3.3 ŠTR	EET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH FL			Y-ST-ZIP			
Table		DELETE	4.1 TITL			Ch	ange Addition
NAME			4. 2 NAI	VIE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
COY-SI-ZIP				r-ST-ZIP			•
TITLE		DELETE	5.1 T (T).			☐ Ch	ange Addition
NAME			5.2 NAM	AE			
STREET ADORESS				EET ADDRESS			
CITY-ST-ZIF				/-ST-ZIP			
TITLE		DELETE	6.1 T(T)			☐ Ch	ange Addition
NAME			6.2 NAA	AE		·	
STREET ADORESS				EET ADDRESS			
CHY-ST-20F		at the state of the state of the	D.4 UII	r-ST-ZIP	d la Castian 510 07/01/0 Florida Ctat.	4 1 6	. Al- a4 Al- a

I do hereby certify that the information supplied with this filing ploes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this firmual report or supplemental airmual 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 of 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 addless.

SIGNATURE: