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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

**FILED** Jan 27 1998 8:00am Secretary of State

Month   Property   P	BUD'S	FLORIST	, INC.									
ON TELAS CAAS BLVD   FIT LAUDERDALE R, 33301   US	Principal Place	e of Busines	<u> </u>	Mailing Ad	idress			-				
FT LAUDERPALE FL 33301   ST LAUDERPALE FL 33301   S	1		•	-								
2	FT LAUDERDALE FL 33301 FT LAUDERDALE FL 333						l			DO NOT WRITE IN THIS SPACE		
2. Mainting Address   Same of Business   Same Mainting Address   Set   S										· · · · · · · · · · · · · · · · · · ·		
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.												
Suite Apt #, etc.  27   Suite Apt #, etc.  28   Suite Apt #, etc.  28   Suite Apt #, etc.  28   Suite Apt #, etc.  29   Suite Apt #, etc.  29   County	<b>⊢</b>	lace of Busir	ness	2a. Mailing	Address							
City & State    City & State   City & City & State   City & Ci										<del>                                     </del>		
City & State 23	·	#, etc.			Apt. #, etc.							
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip					<del></del>					ree nequied		
Zip	_ `	e		·	<u> </u>							
SHAW KENNETH R   Season Software of Sections 607 0502 and 607 1508 Florida Statutes.   Street Address of New Registered Agent   Street Address of New Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number			Country							7,255 (6 : 655		
S. Name and Address of Current Registered Agent  SHAW KENNETH R  9826 SYCAMORE CT DAVIE FL 33328  88  89  80  80  80  80  80  80  80  8	<del></del>			— ·		<del></del>	٠,,					
STREY NORTH TO THE POWER TO DAVIE FL 33328  82 Street Address (P.O. Box Number is Not Acceptable)  83 Signature or regulated agent, or both, in the State of Principal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Principal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or or orgalized agent and accept the ediplications of secretary of the submits with a principal state of principal state o	2				gent	1001	1					
9626 SYCAMORE CT DAME FL 33328  84 City FL   85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0506, Rorida Statutes.  SIGNATURE Signature, typical or private or greatered agent agen	SH	AW KENN	TH B		<del></del>		81	Name	3			
DAVIE FL 33328    Bat   City   FL   Bat   Zip Code							<u></u>			(DO D. Northern in Mark A. Control		
SIGNATURE							82	Stree	t Addre	tress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607.0505, Florida Statutes, in the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, or both, and accept the obligations of, section 670.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, and accept the obligations of, section 670.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent ag	, 5,,		.20				83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607.0505, Florida Statutes, in the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, or both, and accept the obligations of, section 670.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, and accept the obligations of, section 670.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent ag												
11. Pursuant to the provisions of Sections 607 C502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Si							84	City		85 Zip Code		
SIGNATURE    Signature, typed or putting agent and site if explicately   12.	11. Pursuant	to the provis	ions of Sections 607.05	502 and 607.1508,	, Florida Statu	tes, the a	bove	s-name	d corpo			
SIGNATURE    Signature, typed or putting name of registered agent and site of applicable   NOTE Registered Agent signature required when refination;   DATE	office or n	egistered ag m familiar wi	ent, or both, in the Sta	te of Florida, Such	change was 1 607.0505 Fi	authorize Iorida Sta	ed by	the co	rporatio	on's board of directors. I hereby accept the appointment as registered		
Signature, typed or printing among of registerate Agoret signature required when refinations)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  PYTS  SHAW, KENNETH R  SHAW, KENNETH R  SHAW, KENNETH R  9626 SYCAMORE CT  DAVIE FL  12. ITILE  DELETE  21. ITILE  L. Change Addition  13. STREET ADDRESS  CITY-ST-2IP  TILE  DELETE  22. ITILE  L. Change Addition  Addition		arr tarrina tr	and accept the con	94.10.10 01, 000001		.0						
TITLE PVTS	SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applicable	e (NO	TE: Registere	d Age	nt signatu	re required	d when reinstating) DATE		
NAME   SHAW, KENNETH R   12 NAME   13 STREET ADDRESS   14 CHTY-ST-ZIP	12.		OFFICERS A	ND DIRECTORS		13.						
STREET ADDRESS   9626 SYCAMORE CT   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE				<u></u> □ DELETE	1.11	TLE			Change Addition		
OFFY-ST-ZIP	NAME					1.2 N	AME					
TITLE	STREET ADDRESS					1.3 S	TREET	ADDRESS				
NAME	CITY-ST-ZIP	DAVIE I	<u>.                                    </u>		<del></del>			T-ZIP	<u> </u>			
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE				L_I DELETE	2.1 T	ITLE			Change L. Addition		
CITY-ST-ZIP	NAME					2.2 N	AME					
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CITY-ST-ZIP	J J											
TITLE	STREET ADDRESS											
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STREET ADDRESS CITY-ST-ZIP  4.4 CITY-ST-ZIP  1.7 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  1.7 TITLE  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.5 ACTY-ST-ZIP  1.7 TITLE  6.3 STREET ADDRESS CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information					001515	4				LI Change LI Addition		
CITY-ST-ZIP  TITLE DELETE 5.1 TITLE Change Addition  NAME  STREET ADDRESS 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP  TITLE 6.1 TITLE 6.1 TITLE 6.3 STREET ADDRESS  CITY-ST-ZIP 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP  TITLE 6.3 STREET ADDRESS 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	1											
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  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												
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  14.   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	l l					•		ADDDECC	1			
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												
	14. I hereby o	ertify that the	e information supplied	with this filing doe	s not qualify f	or the ex	emp	tion sta	ed in S	Section 119.07(3)(i), Florida Statutes, I further certify that the information		

indicated on this arrival report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am a 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.