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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State : DIVISION OF CORPORATIONS

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DOCUMENT # V58745 1. Corporation Name BUD'S FLORIST, INC.							01-27-19	999 90058 047 ****	150.00		
								112) (11), 11)) (13) (14)) 116) 116) 116)		
Principal Place of Business Mailing Address							1 10611 011081 01101	18121 18211 12201 1811) 611	I) BIBII BIBII BIBII I	JI 311 1 1 2 2 1 1 1 3 3 1	
1001 E LAS OLAS BLVD FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301							·		;		
U\$ U\$							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated of 08/19/1992	r Qualifed			
2. Principal F	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26					65-0363558	*		t Applicable	
Suite, Apt.	. #, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Status I	Desired	\$8.75 / Fee Re		
City & Sta	te	City &	City & State				6. Election Campaign F	inancing	\$5.00	May Be	
23		~- 28	28				Trust Fund Contribu	tion - L		to Fees	
Zip					itry		8. This corporation owe	es the current year	Intangible		
24	25 29 30						Personal Property Ta		☐ Yes	□No	
9. Name and Address of Current Registered Agent						•	10. Name and Address	of New Registers	d Agent		
SHAW KENNETH R					81	Name	•				
9626 SYCAMORE CT					82	Street Addre	ss (P.O. Box Number is N	ot Acceptable)			
DAVIE FL 33328					180 0 0 9 0 17 17 14 44 Sept V 17 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
DAVIL 1 L GOOZO					83			保持抵抗性			
					84	City	# 78 4 100 2 18 4 5		85 Zip (Code	
4000 5 1.00	<u> </u>							<u> </u>			
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such	s, Florida Statutes i change was auth	, the ab horized	ove- bv th	named corpored	ration submits this stateme n's board of directors. I hei	ent for the purpose reby accept the app	ot changing its jointment as re	registered gistered	
agent, La	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section	n 607.Ŏ505, Florid	la Statut	tés.		•			·	
SIGNATURE											
12.	Signature, typed or printed name of registered age	nt and title if applicable		egistered A	Agent :	signature required v	when reinstating)	DATE	AND DIRECTO	DC IN 12	
TITLE	PVTS	ID DIRECTORE	DELETE	1.1 TITL	F			· ·	Change	Addition	
NAME:	SHAW, KENNETH R			1.2 NAN			०५६२ (१६६)				
STREET ADDRESS	ARRA OVOALLODE OT					DDRESS	-				
CITY-ST-ZIP	DAVIE FL			1.4 CITY			•				
TITLE			DELETE	2.1 TITL			•		Change	Addition	
NAME	·			2.2 NAW	•					_ ,	
STREET ADDRESS						DORESS					
CITY-ST-ZIP		-		2. 4 CIT							
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CITY-ST-ZIP				3.4. CIT	Y-ST-	ZIP		品质级静建			
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STREET ADDRESS	E COLOR	()		4.3 STR	EETA	DDRESS	•		,		
CITY-ST-ZIP		11		4.4 CITY	/-ST-	ZiP			1 : 1	<u> </u>	
TITLE			☐ DELETE	5.1 TITL	E				☐ Change	Addition	
NAME				5.2 NAM	Æ	'		٠			
STREET ADDRESS	gray one gr			5.3 STR	EETA	DORESS					
CITY-ST-7IP	(PAC		,	54 CITY	/- ST- 1	7IP		•			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

 $f(x) \in \mathcal{L}^{1/2}$

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1-9-99

954-161-3334

Change

Addition

Daytime Phone #

CR2E034 741/08