

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070753 (3)
 1. Corporation Name
50 FIFTY FLORAL ART, INC.

Principal Place of Business 751 92ND AVE. NAPLES FL 34108	Mailing Address 751 92ND AVE. NAPLES FL 34108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4646 DOMESTIC AVE	26 4646 DOMESTIC AVE			08/14/1997	
22 # 104	27 # 104	4. FEI Number		Applied For	
23 NAPLES FL	28 NAPLES, FL	59-3466759		Not Applicable	
24 34104	25 U.S.	29 34104		30 U.S.	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHANABARGER, EDWARD L 751 92ND AVE. NAPLES FL 34108				81 Name	SHANABARGER, EDWARD L II.		
				82 Street Address (P.O. Box Number is Not Acceptable)	133 COCOHATCHEE ST		
				83			
				84 City	NAPLES	85 Zip Code	FL 34108

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANABARGER, EDWARD L	1.2 NAME	EDWARD L. SHANABARGER, II
STREET ADDRESS	751 92ND AVE.	1.3 STREET ADDRESS	133 COCOHATCHEE ST
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VTD	2.1 TITLE	V. PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDDLESTON, MATTHEW	2.2 NAME	MATTHEW HIDDLESTON
STREET ADDRESS	751 92ND AVE.	2.3 STREET ADDRESS	133 COCOHATCHEE ST
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: *[Signature]* **1-19-97**

CFR2034 (10/97)