

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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90236 046 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000070753

1. Corporation Name
50 FIFTY FLORAL ART, INC.



Principal Place of Business
4646 DOMESTIC AVE
104
NAPLES FL 34104
US

Mailing Address
4646 DOMESTIC AVE
104
NAPLES FL 4
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4646 DOMESTIC AVE.
 Suite, Apt. #, etc.
22
 City & State
23
 Zip Country
24 25 COLLIER 29 34104 30 COLLIER

3. Date Incorporated or Qualified
08/14/1997

4. FEI Number
59-3466759 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SHANABARGER, EDWARD L
133 COCOHATCHEE ST
NAPLES FL 34108

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
306 CENTRAL AVE
83
84 City **NAPLES** **85** **FL** **Zip Code** **34102**

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

TITLE	P <input type="checkbox"/> DELETE
NAME	SHANABARGER, EDWARD L
STREET ADDRESS	133 COCOHATCHEE ST
CITY-ST-ZIP	NAPLES FL 34108
TITLE	VP <input type="checkbox"/> DELETE
NAME	HUDDLESTON, MATTHEW
STREET ADDRESS	133 COCOHATCHEE ST
CITY-ST-ZIP	NAPLES FL 34108
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	306 CENTRAL AVE
1.4 CITY-ST-ZIP	NAPLES, FL 34102
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	306 CENTRAL AVE
2.4 CITY-ST-ZIP	NAPLES, FL 34102
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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.

SIGNATURE: _____ DATE: **3/11/99** DAYTIME PHONE #: **941-649-3200**

CR2E034 (11/98)