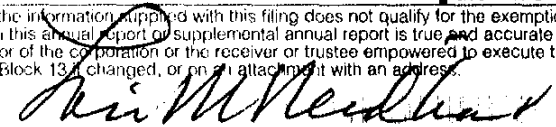


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 326482 (7)					
1. Corporation Name CURBSIDE FLORIST & GIFTS, INC.					
Principal Place of Business 16115 SW 117 AVE STE 10 MIAMI FL 33177 US			Mailing Address 16115 S 117 AVE STE 10 MIAMI FL 33177-1614 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/15/1968 3a. Date of Last Report 04/25/1996	
4. FEI Number 59-1203362		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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent NEIDHART, PAUL R 15800 SW 79TH AVE MIAMI FL 33157			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTOS, LINDA 16550 S.W. 77TH COURT MIAMI, FL 00000	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☒ Change ☐ Addition	33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NEIDHART, PAUL R, JR 7835 SW 158TH TERR. MIAMI, FL 00000	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☒ Change ☐ Addition	33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEIDHART, PAUL R 15800 S W 79TH AVE MIAMI, FL 00000	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☒ Change ☐ Addition	33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD NEIDHART, LOIS M 15800 S W 79TH AVE MIAMI, FL 00000	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition	
14. I do 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, changed, or on an attachment with an address.					
SIGNATURE: 			3/17/97 305 233-2668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)