

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000428 (3)**

1. Corporation Name

CONTINENTAL WHOLESALE FLORISTS, INC.



Principal Place of Business

11122 IOTA DR.
SAN ANTONIO TX 78217

Mailing Address

11122 IOTA DR.
SAN ANTONIO TX 78217

3. Date Incorporated or Qualified
01/29/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

74-1360777

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

10. Name and Address of New Registered Agent

**PAUL, HARLAN L. ESQUIRE
431 E. NEW YORK AVENUE
DELAND FL 32721-2087**

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 title, if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** DELETE

NAME **EVERETT, LARSON**
STREET ADDRESS **11122 IOTA DRIVE**
CITY - ST - ZIP **SAN ANTONIO TX 78217**

TITLE **DV** DELETE

NAME **EVERETT, JEROME**
STREET ADDRESS **11122 IOTA DRIVE**
CITY - ST - ZIP **SAN ANTONIO TX 78217**

TITLE **DV** DELETE

NAME **EVERETT, JAMES**
STREET ADDRESS **11122 IOTA DRIVE**
CITY - ST - ZIP **SAN ANTONIO TX 78217**

TITLE **STD** DELETE

NAME **EVERETT, NURIA**
STREET ADDRESS **11122 IOTA DRIVE**
CITY - ST - ZIP **SAN ANTONIO TX 78217**

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2. 1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. 1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. 1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. 1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. 1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James H. Everett

4/24/96

(210) 654-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Office Phone #

CR2E034 (12/95)