

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 MAY -1 PM 5:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H 88717
 1. Corporation Name
FLOWER ODYSSEY INC.
4030 NE 16 TER
FT. LAUDERDALE, FLA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/85	3a. Date of Last Report 05/30/94
21		26		4. FEI Number 59261164	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	Zip	29	Zip	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	
BROWN, BARBARA M. 4030 NE 16 TER FT. LAUD, FL. 33334		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 *B. M. Brown* **3/31/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY, ST, ZIP		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE	NAME	21 TITLE	
NAME	STREET ADDRESS	22 NAME	
CITY, ST, ZIP		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32 NAME	
CITY, ST, ZIP		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 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)(b), 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: *B. M. Brown* **B. M. Brown** **4/28/95** **3057721999**