

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000005530 (8)**

1. Corporation Name
POINCIANA VILLAGE FLORIST, INC.



Principal Place of Business: **249 ROYAL POINCIANA WAY PALM BEACH FL 33480**
Mailing Address: **249 ROYAL POINCIANA WAY PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **01/21/1994** 3a. Date of Last Report: **06/15/1995**

4. FEI Number: **65-0462155** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: 27. Suite, Apt. #, etc.:

23. City & State: 28. City & State:

24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent: **DEBRA BOZAK, 7238 GOLF COLONY COURT #202, LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent:

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. 84. City: 85. Zip Code: **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ATENASIO, SANDRA	
STREET ADDRESS	14 EAST 80TH PH-6	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOZAK DEBRA	
STREET ADDRESS	7238 GOLF COLONY COURT, #202	
CITY- ST- ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ATENASIO, ANTHONY	
STREET ADDRESS	14 EAST 80TH PH-6	
CITY- ST- ZIP	NY NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOZAK, JOSEPH	
STREET ADDRESS	7328 GOLF COLONY COURT, #202	
CITY- ST- ZIP	LAKE WORTH FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 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: *Debra Bozak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-96 407 659-7174
DATE Daytime Florida #

CR2E034 (12/95)