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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30322

(4)

TOP FLORIST SHOP, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 1118 WHITE STR PO BOX 1676 KEY WEST FL 33040 KEY WEST FL 33041-1876 US US								
					3. Date Incorporated or Qualified 04/17/1992		te of Last R 1/1996	epon
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0354753			oplied For of Applicable
Suite, Apt.	#, etc	Suite, Apl. #, etc.	····		5. Certificate of Status Desired		\$8.75 A	Additional
City & State	n	City & State		····	6. Election Campaign Financing		\$5.00	
[23] Zipi	Country	Zip 29	Count	ry	Trust Fund Contribution 8. This corporation has liability for Florida Statutes		tax under s	to Fees . 199.032,
24	25 Name and Address of Curr		1301		10. Name and Address of New Re			
NII C	S, VIRGINIA R		6	1 Name	184 Linean mile Colemans At 1604 Lin			
COR	INER OF 44TH & 46TH STS		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	····	
SUM	IMERLAND KEY FL 33042		8:	3				
			8	4 City		FL	85 Zip	Code
	m familiar with, and accept the ob-	linations of Continu COT NEGE 1			ation's board of directors. I hereby accept			Ū
agent La SIGNATURE	Stynature, typed or pooled name of registored	•			ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIRECTOR	3S IN 12
SIGNATURE 12. TIBLE	Signature, typed or peopled name of registered OFFICERS A	(N) oldspikys high businegs	OTE: Registered A 13. 1.1 TIFLE	gent signature requ		CERS AND	DIRECTOR Change	RS IN 12
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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 if changed, or on an attachment with an address.

SIGNATURE: Jugan

USINIA R. JULIS VIRGINIA R. SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/18/97

305-294-4657 Daytone Phone #

ALEBRE