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

CORPORATION



FLORIDA DEPARTMENT OF STATE

## Candra B Hartham

	JAL REPO <b>1997</b>		Secretary of State DIVISION OF CORPORATIONS					Secretary of State						
DOCUN 1. Corporation FLORA E	MENT Name EXPRESS,		6103		(0)					i i				
Principal Place of Business Marling Address 2905 COMANCHE RD PO BOX 702076							,							
ST. CLOUD FL US	34772			ST. C US	LOUD FL 34770-20	76				3. Date Incorporated or Qualified		ite of Last R	eport	
2. Principal Pt.	lace of Busine	DSS		2a. M	lailing Address			-118 <sup>1</sup> -110 <sup>1</sup> -114	<u></u>	06/22/1992 4. FEI Number 59-3130092	05/0		oplied For ot Applicable	
Suite, Apt. i	#. etc		· · · · · · · · · · · · · · · · · · ·	S 27	uite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	()				rty & State			<del></del>		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25			Z <sub>I</sub> p         Country           29         30			· · · · · · · · · · · · · · · · · · ·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
			ss of Current		red Agent	1001	Τ			10. Name and Address of New Re	<del>-</del>			
JOHI	N N. RALLIS	S II, CPA					81	Name						
809	E. OAK ST	·					82	Street	Addres	ss (P.O. Box Number is Not Accepta	ole)			
STE. 103														
KISS	IMMEE FL :	34744					83	,					ļ	
							84	City		<del></del>	<b></b>	<b>85</b> Zip (	Code	
46 65	to the secondary	- no of Coo	607 050	2 and 507	1EOO Elnsido Stat	utac the o		, named	00500	ration submits this statement for the	FL	abanaina il	ho rapidate d	
office or re	to the provision egistered age	ons or Sectons, or both	ions 607.050a i, in the State	of Florida	Such change was	utes, the a	d by	y the corp	corpo	ration submits this statement for the n's board of directors. I hereby acce	pt the app	ointment as	registered	
	m familiar will	h, and acc	ept the obliga	itions of, E	section 607.0505, I	-lorida Sta	tutes	S.					į	
SIGNATURE .	Stynature typedic	v printed narv	of registered ager	of and title if a	pplicable. (N	OTE Flegislere	d Age	ent signature	required	when reinstaling)	DATE			
12.		0	FFICERS AND	DIRECT	ORS	13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	D				DELETE	1.11	ITLE					Change	Addition	
NAME	EDWARDS					1.2 N	AME	l						
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Office LADURESS						1		1 AUUNESS   ST. 71P   1	1					

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 of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the corporation of 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 changes as of an attachment with an address.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 28 1997 8:00am