

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V65154 (9) 1. Corporation Name HERSHEY FLORISTS, INC.



Principal Place of Business 813 13TH ST ST CLOUD FL 34769 Mailing Address 813 13TH ST ST CLOUD FL 34769

3. Date Incorporated or Qualified 09/18/1992 3a. Date of Last Report 04/18/1995 4. FEI Number 59-3142483 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 [X] Yes [] No 10. Name and Address of New Registered Agent

2. Principal Place of Business 21 22 23 24 Suite, Apt. #, etc. City & State Zip Country 25 26 27 28 29 30 2a. Mailing Address State, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent REEG, MIRIAM J 813 13TH ST ST CLOUD FL 34769 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 607.1538, 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 DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 columns: Title, Name, Street Address, City-St-Zip, Delete checkbox, and 13. Includes entries for REEG, MIRIAM J and several blank rows for other officers/directors.

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 person or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 407-892-3210 Digitized Stock #

CP2E034 (12/95)