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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000005954 (2)

FLORIST IN MIAMI, INC.

Principal Place of Business

Mailing Address

FILED Jan 16 1998 8:00am Secretary of State



92 MORRISTOWN RD. 3 SYLVIA PLACE BERNARDSVILLE NJ 07924 RANDOPLH NJ 07869						
		US		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualified		
0.0				11/14/1994		
- 100 cm	Place of Business 3 SYLVIA	2a. Mailing Address	iA PIAME	4. FEI Number	Applied For	
21		<u> </u>	70700	22-2911074	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	POLPH, NJ	City & State	PH N.J.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 78	69 Country 5 A	29 07869 3	Country S A	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible	
	9. Name and Address of Current			10. Name and Address of New Registered A		
BLANTON, EDWIN F						
995 THOMASWILE DOAD			00 01 0	00 Chart Address (D.C. St. M. J. J. J. M. J. J. J. J. M. J. J. J. M. J. J. J. J.		
TALLAHASSEE FL 32303				82 Street Address (P.O. Box Number Is Not Acceptable) 83		
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PTDC	☐ DELETE	1.1 TITLE		Change Addition	
NAME .	MEOLA, THOMAS		1.2 NAME		- · - ;	
STREET ADDRESS	3 SYLVIA PLACE	· ·	1.3 STREET ADDRESS			
CITY-ST-ZIP	RANDOLPH NJ 07869		1,4 CITY-SI-ZIP			
TITLE	VSDC	☐ DELETE	2.1 TOTLE		☐ Change ☐ Addition C	
NAME	MEOLA, PEGGY A	,	2.2 NAME			
STREET ADDRESS	3 SYLVIA PLACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	RANDOLPH NJ 07869		2. 4 CITY - ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		·	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME	•	· · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	-		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY-ST-ZIP			
44 11			5.7 OILT-31-28			

In the properties of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.