

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 185957 (8)

1. Corporation Name
FLORAL ACRES, INC.

Principal Place of Business 6250 WEST ATLANTIC AVENUE DELRAY BEACH FL 33484-0599	Mailing Address 6250 WEST ATLANTIC AVENUE DELRAY BEACH FL 33484-0599
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/20/1955 4. FEI Number 59-0745557 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent ROSACKER JR,ARTHUR 14281 GALLAGHER RD. DELRAY BEACH FL 33444		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 607.0504, Florida Statutes.

SIGNATURE *Arthur Rosacker Jr.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROSACKER JR,ARTHUR 14281 GALLAGHER ROAD DELRAY BEACH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD ROSACKER, BARBARA 14281 GALLAGHER RD DELRAY BCH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TSCHESCHLOK, GUENTER 218 NE 1ST AVE DELRAY BCH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Arthur Rosacker III
STREET ADDRESS		4.3 STREET ADDRESS	310 NW 18 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Patrick R. Rosacker
STREET ADDRESS		5.3 STREET ADDRESS	6570 Waverly Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake Worth FL 33467
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Arthur Rosacker Jr.* 11/1/98 561-499-2655

CP2E034 (10/97)