

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **249402** (9)

1. Corporation Name

BOULEVARD FLORISTS, INC.

07/19/1994 19:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

20340 NE 15 CT. (N. MIAMI BCH.FL 33179)
P O BOX 8965
PEMBROKE PINES FL 33084

20340 NE 15 CT. (N. MIAMI BCH.FL 33179)
P O BOX 8965
PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1961

3a. Date of Last Report

02/01/1994

4. FEI Number

59-0901711

Applying 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

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIOSI, ANTHONY M.
20340 NE 15 COURT
NORTH MIAMI BEACH FL 33179

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 607.1508, 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 of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NIOSI, ANTHONY
STREET ADDRESS	20340 NE 15 COURT
CITY, ST, ZIP	NORTH MIAMI BEACH FL
TITLE	VD
NAME	NIOSI, JANET
STREET ADDRESS	20340 NE 15 COURT
CITY, ST, ZIP	NORTH MIAMI BEACH FL
TITLE	STD
NAME	NIOSI, ANTHONY II
STREET ADDRESS	20340 NE 15 COURT
CITY, ST, ZIP	NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b) 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 owner or holder empowered to execute the 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:

Anthony M. Niosi
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

305-432-6914