FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **388947** **(4)**

1. Corporation Name
BUNING THE FLORIST INC.

Principal Place of Business	Mailing Address
3860 W. COMMERCIAL BLVD. ~~P.O. BOX 491950~~ FT LAUDERDALE FL ~~33349-3826~~	3860 W. COMMERCIAL BLVD. P.O. BOX 491950 FT LAUDERDALE FL 33349-3326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1971**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 3860 W. COMMERCIAL BLVD	20 P.O. BOX 491950
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT LAUDERDALE FL	28 City & State: FT LAUDERDALE FL
24 Zip: 33309 25 Country	29 Zip: 33349 30 Country

4. FEI Number: **59-0787605** ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STONE, ARTHUR O. **3860 W. COMMERCIAL BLVD.** **FT. LAUDERDALE FL 33309**	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 _____ Date
(Signature, typed or printed name of registered agent and title if applicable) (Must be Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	D ☐ Change ☑ Addition
NAME	ALTMANN, PAUL J.	12 NAME	BONNIE STONE BENNETT
STREET ADDRESS	8814 C SW 22 ST. DELETE	13 STREET ADDRESS	1000 SE 7 ST
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	FTLAUDERDALE FL 33301
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	STONE, ARTHUR O.	22 NAME	
STREET ADDRESS	60 ISLA BAHIA DR.	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DEMAREST, RICHARD	32 NAME	
STREET ADDRESS	1759 NW 21 ST	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	GORDON, SERGIO	42 NAME	GORDON, SERGIO
STREET ADDRESS	3100 NW 72 AVE. #120	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	OLAND, RICHARD	52 NAME	
STREET ADDRESS	6421 CONGRESS AVE. #204 DELETE	53 STREET ADDRESS	
CITY ST ZIP	BOC RATON FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, JAMES	62 NAME	
STREET ADDRESS	1741 SW 50 AVE.	63 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	64 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 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 added by amendment with an address.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Telephone Number #

0434037 FP