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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

396861



COOPER'S FLOWERS & GREENHOUSES, INC.

Principal Place of Business Mailing Address						F FORENE NAME OF THE OFFICE ABOVE TO	186 HET Bibli (1	## ###################################	
2630 EDGEWATER DR. ORLANDO FL 32804 2630 EDGEWATER DR. ORLANDO FL 32804 ORLANDO FL 32804									
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1972 02/27/1995			
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	ļ			4. FEI Number 59-1395403	Applied For Not Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	•	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country			8. This corporation has liability for			
24 25		[29]	[30]			Florida Statutes 💢 Yes 🗌 No			
	9, Name and Address of Cur	rent Registered Agent		81	Now-	10. Name and Address of New R	egistered A	gent	
DEL AN	10 WALTER M			ויש	Name				
DELAND, WALTER M 2612 SHREWSBURY RD.				82	Street Add	ldress (P.O. Box Number is Not Acceptable)			
ORLAN	NDO FL 32803			83					
				84	City		FL	85 Z	p Code
or registeri familiar wit	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, lypod or printed name of registered a	orida. Such change was authorizection 607.0505, Florida Statute:	zed by the co s.	orbo	ration's boa	ration submits this statement for the pur and of directors. Thereby accept the appr	ointment as i	egistered	l agent. I am
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD DELETE		1. 1 T:T	1. 1 TITLE] Change	☐ Addition
NAME	DELAND, WALTER M		1.2 NA	Mč					
STREET ADDRESS	2612 SHREWSBURY RD.		1.3 STF	REELA	ADDRESS				
CITY-ST-ZIP	ORLANDO FL	C color	1.4 CIT		- ZIP				
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NAME			2.2 NAI						
STREET ADDRESS			. I		ADDRESS				
CITY-ST-ZiP TITLE		DELETE	2 4 CIT 3 1 TII		-714] Change	Addition
NAME		C section	3.2 NAI				L_	j ona igo	
STREET ADDRESS			1		ADDRESS				
City-ST-ZiP			34 CH						
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NAME			4.2 NA	ME			-	٠	_
STREET ADDRESS			4 3 STR	REELA	ADDRESS				
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NAME			5.2 NAM	ME					
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TITLE		☐ DELETE	6 1 TIT	LE	7	. / - / - / - / - / - / - / - / - / - /		Change	Addition
NAME			6 2 NAM	Mέ					
STREET ADDRESS			6.3 STR	KEET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT						
14 I do herebu	v centry that the information supplie	o with this filma is valuntarily for	niehad and d	lage	not qualify:	for the execution stated in Section 110.	NZ(Q)(L) Eloci	da Ctatut	too I further

4. 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 logal effect as if made under oath; that I am an officer or director of the corporation on 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 chapted or on an already set with an address.

SIGNATURE:

ME OF MENING OFFICER OF DIRECTOR

Jan 16, 1996 (401) 841-2602