

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 555592 (5)

1. Corporation Name

A FLOWER MART, INC.



Principal Place of Business

10063 E COLONIAL DR
ORLANDO FL 32817

Mailing Address

10063 E COLONIAL DR
ORLANDO FL 32817

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

DOYLE, JOHN W.
10063 E COLONIAL DR
ORLANDO FL 32817

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, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

JOHN W DOYLE

SIGNATURE

Signature, typed or printed name of registered agent and his or her title.

(If filer is Registered Agent, signature and name are not required.)

1-12-96

Date

12. OFFICERS AND DIRECTORS

TITLE DST
NAME DOYLE, MARJORIE
STREET ADDRESS 3425 S WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE V
NAME DOYLE, MARJORIE
STREET ADDRESS 10063 E COLONIAL DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE PDC
NAME DOYLE, JOHN W
STREET ADDRESS 10063 E COLONIAL DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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.

JOHN W DOYLE

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-12-96

Date

407-277-6670

Daytime Phone #

CR2E034 (12/95)