FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
MAY 5

8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **571806** **(9)**

1. Corporate Name

MATTERN FLORAL, INC.

Principal Place of Business	Mailing Address
1416 OLD OKEECHOBEE RD. WEST PALM BEACH FL 33401	1416 OLD OKEECHOBEE RD. WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/10/1978**

3a. Date of Last Report: **04/05/1994**

2. (21) Principal Place of Business

2a. (26) Mailing Address

4. FEI Number: **59-1830393** ☐ Applied For ☐ Not Applicable

(22) Suite, Apt. # or other

(27) Suite, Apt. # or other

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

(23) City & State

(28) City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

(24) Zip (25) County

(29) Zip (30) Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOULE, JOSEPH D
1416 OLK OKEECHOBEE RD
W PALM BCH FL

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

11. Pursuant to the provisions of Sections 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
(20) Title	PD	(1) Title	☐ Change ☐ Addition
(2) Name	SOULE, JOSEPH D	(2) Name	
(3) Street Address	124 EBBTIDE DR.	(3) Street Address	
(4) City, St, ZIP	NO PALM BCH FL	(4) City, St, ZIP	
(20) Title	D	(1) Title	☐ Change ☐ Addition
(2) Name	SOULE, JENNIFER R	(2) Name	
(3) Street Address	124 EBBTIDE DR.	(3) Street Address	
(4) City, St, ZIP	NO PALM BCH FL	(4) City, St, ZIP	
(20) Title	STV	(1) Title	☐ Change ☐ Addition
(2) Name	SOULE, JENNIFER R	(2) Name	
(3) Street Address	124 EBBTIDE DR.	(3) Street Address	
(4) City, St, ZIP	NO PALM BCH FL	(4) City, St, ZIP	
(20) Title		(1) Title	☐ Change ☐ Addition
(2) Name		(2) Name	
(3) Street Address		(3) Street Address	
(4) City, St, ZIP		(4) City, St, ZIP	
(20) Title		(1) Title	☐ Change ☐ Addition
(2) Name		(2) Name	
(3) Street Address		(3) Street Address	
(4) City, St, ZIP		(4) City, St, ZIP	
(20) Title		(1) Title	☐ Change ☐ Addition
(2) Name		(2) Name	
(3) Street Address		(3) Street Address	
(4) City, St, ZIP		(4) City, St, ZIP	

14. I do hereby certify that the information supplied with this report 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 1 or Block 11 if changed, or added, in connection with my address.

SIGNATURE: Jennifer R Soule Jennifer R SOULE 5/8/95 407-833-3396.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043047 FP