SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $279)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **612713** **(8)**

1. Corporation Name
THE FLOWER MAN, INC.

Principal Place of Business	Mailing Address
5723 SIMS ROAD DELRAY BCH FL 33484	5723 SIMS ROAD DELRAY BCH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1979**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1945386** ☐ 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

RAUTH, ROBERT G.
603 SW 21 CIRCLE
33426ON BEACH FL FL

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3931 Tuskegee Dr.
83:
84 City: Lantana FL 85 Zip Code: 33462

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	11 TITLE	D	☑ Change ☐ Addition
NAME	RAUTH, ROBERT G.	12 NAME	Rauth, Robert G.	
STREET ADDRESS	603 SW 21 CIRCLE	13 STREET ADDRESS	3931 Tuskegee Dr.	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	Lantana FL 33462	
TITLE	VSD	21 TITLE	PTD	☑ Change ☐ Addition
NAME	RAUTH, DANIEL L.	22 NAME	Rauth, Daniel L.	
STREET ADDRESS	3931 TUSKEEGEE DRIVE	23 STREET ADDRESS	3931 Tuskegee Dr	
CITY-ST-ZIP	LANTANA FL	24 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	D	31 TITLE	Delete	☑ Change ☐ Addition
NAME	BRISSON, DEBRA R.	32 NAME		
STREET ADDRESS	15955 EDGEFIELD ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Delete	☑ Change ☐ Addition
NAME	RAUTH, D. MARK	42 NAME		
STREET ADDRESS	8838 PINE BAY CT	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	T/S/D	☐ Change ☑ Addition
NAME		52 NAME	Sharon Morgan-Rauth	
STREET ADDRESS		53 STREET ADDRESS	3931 Tuskegee Dr	
CITY-ST-ZIP		54 CITY-ST-ZIP	Lantana FL 33462	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: Sharon Morgan-Rauth 8/14/95 407-495-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sharon Morgan-Rauth

0182332 FP