

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Feb 03 1997 8:00am
Secretary of State

DOCUMENT # 654743 (4)
1. Corporation Name
ARTISTIC FLOWERS BY GREGORY L.CREAMER,INC.



Principal Place of Business	Mailing Address
3525-49TH STREET NORTH ST. PETERSBURG FL 33710	3525-49TH STREET NORTH ST. PETERSBURG FL 33710-2149

3. Date Incorporated or Qualified 02/04/1980	3a. Date of Last Report 04/12/1996
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21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2009283	Applied For
		2b.		Not Applicable

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip		Country		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREAMER, GREGORY L.
556 - 17TH AVENUE N.E.
ST. PETERSBURG FL 33704

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, GREGORY L.		1.2 NAME	
STREET ADDRESS	556 - 17TH AVENUE N.E.		1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP	

TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, BARBARA K.		2.2 NAME	
STREET ADDRESS	556 - 17TH AVENUE N.E.		2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL		2.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	

4.0 CITY - STATE	<input type="checkbox"/> DELETE	4.4 CITY - STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	

4.0 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	

5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.1 TITLE	
STREET ADDRESS	6.2 NAME	
CITY, ST, ZIP	6.3 STREET ADDRESS	
	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing 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: Barbara Creamer **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 (813) 521-1883
Date Daytime Phone #

CR2E034 (9/96)