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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749337 (2)
1. Corporation Name
SOUTH WEST FLORIDA FLORISTS ASSOCIATION, INC.

Principal Place of Business PORT CHARLOTTE FLORIST 900 TAMiami TRAIL PORT CHARLOTTE FL 33952 US	Mailing Address PORT CHARLOTTE FLORIST 900 TAMiami TRAIL PORT CHARLOTTE FL 33953-3159 US
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2. Principal Place of Business 21 EASTWAY Flowers Suite, Apt. #, etc. 4546 Palm Beach Blvd City & State Fort Myers FL Zip 33905 Country Lee	2a. Mailing Address 26 EASTWAY Flowers Suite, Apt. #, etc. 4546 Palm Beach Blvd City & State Fort Myers FL Zip 33905 Country Lee
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3. Date Incorporated or Qualified 10/18/1979	3a. Date of Last Report 06/07/1996
4. FEI Number 59-2350645	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TOMMY R. WEBB
900 TAMiami TRAIL
PORT CHARLOTTE FLORIST
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent
81 Name
Serena Marsh
82 Street Address (P.O. Box Number is Not Acceptable)
4546 Palm Beach Blvd
83 EASTWAY Flowers
84 City
Fort Myers FL
85 Zip Code
33905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Serena Marsh Serena Marsh President 1-21-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE VP NAME GILL, DONNA STREET ADDRESS 900 TAMiami TRAIL CITY-ST-ZIP PT. CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE P NAME MARSH, SERENA STREET ADDRESS 4814 PALM BEACH BLVD. CITY-ST-ZIP FT. MYERS FL	<input type="checkbox"/> DELETE
TITLE T NAME WEBB, TOMMY R. STREET ADDRESS 1356 CORKTREE CITY-ST-ZIP PORT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE S NAME MENHKEN, LINDA STREET ADDRESS 2171 TAMiami TRAIL CITY-ST-ZIP PT. CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME PLATT, ROBERTA STREET ADDRESS 509 9TH STREET N. CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME FABER, NORENE STREET ADDRESS 900 TAMiami TR CITY-ST-ZIP PT CHARLOTTE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V.P. 1.2 NAME ROBERTA PLATT 1.3 STREET ADDRESS 509 9th Street 1.4 CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	800002444868-2 -03/03/98--01014--003 *****297.50 *****297.50
3.1 TITLE D 3.2 NAME Meg Kerrigan 3.3 STREET ADDRESS 3483 MALAGA way 3.4 CITY-ST-ZIP NAPLES FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE D 4.2 NAME Valorie Moore 4.3 STREET ADDRESS 891 Vanderbilt Beach Rd. 4.4 CITY-ST-ZIP NAPK FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE D 5.2 NAME Linda King 5.3 STREET ADDRESS 12602 2nd St. 5.4 CITY-ST-ZIP Fort Myers FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 46-27-98

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Serena Marsh 1-21-98 94494-1333

CR2E037 (9/96)