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: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 14 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F10047** **(1)**

1. Corporation Name
FLORALTA INC.

Principal Place of Business	Mailing Address
3100 S. OCEAN BLVD. #404-NORTH PALM BEACH FL 33480 US	3100 S. OCEAN BLVD. #404-NORTH PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1980
3a. Date of Last Report: 10/10/1994

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: 59-2064365 ☐ 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

HOMISCO INCORPORATION INC
222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: ELKIND, MANUEL
82 Street Address (P.O. Box Number is Not Acceptable): 3100 S. OCEAN BLVD. #404-N
83
84 City: PALM BEACH FL 85 Zip Code: 33480

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: _____ 7-6-95
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		
TITLE	SDT	11 TITLE		☐ Change ☐ Addition
NAME	ELKIND, LORRIANE	12 NAME		
STREET ADDRESS	3100 S OCEAN BLD #404-N	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	ELKIND, LYNNE	22 NAME		
STREET ADDRESS	3100 S OCEAN BLD #404-N	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	ELKIND, MANUEL	32 NAME		
STREET ADDRESS	3100 S OCEAN BLD #404-N	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 7-6-95 (813) 251-0895
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

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