

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F53892 (8)
 1. Corporation Name

BLOSSOM SHOPPE FLORIST & GIFTS, INC.



Principal Place of Business		Mailing Address	
13161 N. CLEVELAND AVE N. FT. MYERS FL 33903 US		C/O MARVIN HILDEBRANT 13389 JOURNEY END S.E. FT. MYERS FL 33905	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		11/17/1981	
22		3a. Date of Last Report	
23		04/18/1995	
24		4. FEI Number	
25		59-2158785	
26		Applied For	
27		Not Applicable	
28		5. Certificate of Status Desired	
29		<input type="checkbox"/> \$8.75 Additional Fee Required	
30		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		13161 N. CLEVELAND AVE. N. FT. MYERS, FL 33903	
22		Suite, Apt. #, etc.	
23		27	
City & State		City & State	
24		28	
Zip		Zip	
25		29	
Country		Country	
30		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HILDEBRANT, MARVIN 13389 JOURNEYS END S.E. FT. MYERS FL 33905		81 Name: DONNA M. LAMPO	
		82 Street Address (P.O. Box Number is Not Acceptable): 2228 S.E. 15TH TERRACE	
		83	
		84 City: CAPE CORAL FL 85 Zip Code: 33990	

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: *Donna M. Lampo* DATE: 7-25-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	P V D
NAME	HILDEBRANT, MARVIN	1.2 NAME	DONNA LAMPO
STREET ADDRESS	13389 JOURNEYS END S.E.	1.3 STREET ADDRESS	2228 S.E. 15TH TERRACE
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	CAPE CORAL FL 33990
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S T
TITLE	PVT	2.2 NAME	JUNE OSTER
NAME	HILDEBRANT, MARVIN	2.3 STREET ADDRESS	851 IRIS DRIVE
STREET ADDRESS	13389 JOURNEYS END S.E.	2.4 CITY-ST-ZIP	N. FT. MYERS FL 33903
CITY-ST-ZIP	FT MYERS, FL 00000		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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)(k), 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: *Donna Lampo / DONNA LAMPO* DATE: 7-25-96 941-556-4242

CR2E034 (3/96)