

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F66148** (0)

1. Corporation Name  
**FLOWERS BY BRENDA, INC.**

Principal Place of Business <b>13265 NW 7TH AVE PO BOX 510028 MIAMI FL 33168 US</b>	Mailing Address <b>13265 NW 7TH AVE PO BOX 510028 MIAMI FL 33168 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/05/1982</b>		3a. Date of Last Report <b>08/22/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-2319632</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

**JACKSON, BRENDA WEATHERSPOON  
13265 NW 7TH AVE  
MIAMI FL 33150**

10. Name and Address of New Registered Agent

81. Name <b>GRIFFIN, MARY</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>13265 NW 7th AVE</b>
83. City <b>MIAMI</b>
84. State <b>FL</b>
85. Zip Code <b>33150</b>

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 *Mary Griffin* **MARY GRIFFIN** **8-28-97**  
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, BRENDA W.			1.2 NAME	JACKSON, BRENDA W.		
STREET ADDRESS	13265 NW 7TH AVE			1.3 STREET ADDRESS	13265 NW 7TH AVE		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33150		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, GREEN, JR.			2.2 NAME	GRIFFIN, JUDY N.		
STREET ADDRESS	13265 NW 7TH AVE			2.3 STREET ADDRESS	13265 NW 7TH AVE		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33150		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRINGTON, MERLE D			3.2 NAME			
STREET ADDRESS	13265 NW 7TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	GRIFFIN, MARY		
STREET ADDRESS				4.3 STREET ADDRESS	13265 NW 7TH AVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	MIAMI, FL 33150		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	CMTr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	GRIFFIN, JANICE I.		
STREET ADDRESS				5.3 STREET ADDRESS	13265 NW 7TH AVE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MIAMI, FL 33150		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 *Janice Griffin* **JANICE GRIFFIN** **8/26/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (4/97)