

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F71163** (2)

1. Corporation Name

FANTASY IN FLOWERS OF BROWARD, INC.



Principal Place of Business

Mailing Address

**8600 A STATE RD., 84
PARK CITY PLAZA
DAVIE FL 33324**

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PARK CITY PLAZA
DAVIE FL 33324**

3. Date Incorporated or Qualified
03/11/1982

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

4. FET Number
59-2191588

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

10. Name and Address of New Registered Agent

**BARTON, JAMES P.
825 SW 11TH CT.
FT. LAUDERDALE FL 33315**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.07 and 607.1506, 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 obligation of Chapter 607, Florida Statutes.

SIGNATURE *James P. Barton*

1-18-96

12. OFFICERS AND DIRECTORS

1. TITLE	P	☐ DELETE
2. NAME	BARON, JAMES P	
3. STREET ADDRESS	825 SW 11TH CT.	
4. CITY, STATE, ZIP	FT. LAUDERDALE FL	
5. TITLE	VST	☐ DELETE
6. NAME	BARTON, PATRICIA L.	
7. STREET ADDRESS	825 SW 11TH CT.	
8. CITY, STATE, ZIP	FT. LAUDERDALE FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 is an attachment with an address.

SIGNATURE: *Patricia L. Baron* **PATRICIA L. BARON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 **4741055**
DATE OF FILING

CR2E034 (12/95)