

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005954 (2)**

1. Corporation Name  
**FLORIST IN MIAMI, INC.**

**FILED**  
**Mar 05, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business Mailing Address  
**92 MORRISTOWN RD. BERNARDSVILLE NJ 07824** **92 MORRISTOWN RD. BERNARDSVILLE NJ 07824**

3. Date Incorporated or Qualified **11/14/1994** 3a. Date of Last Report **02/08/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **92 MORRISTOWN RD** 26 **3 SYLVIA PLACE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **22-2911074** Applied For Not Applicable

22 City & State **BERNARDSVILLE N.J.** 27 City & State **RANDOLPH, N.J.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip **07924** Country ~~USA~~ 28 Zip **07869** Country ~~USA~~

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **9. Name and Address of Current Registered Agent** 29 **10. Name and Address of New Registered Agent**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

**HUME, CHARLES L  
COURTHOUSE TOWER - 18TH FLOOR  
44 W. FLAGLER ST.  
MIAMI FL 33130-1806**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 *[Signature]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PTDC MEOLA, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>3 SYLVIA PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RANDOLPH NJ 07869</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VSDC MEOLA, PEGGY A</b>	2.2 NAME	
STREET ADDRESS	<b>3 SYLVIA PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RANDOLPH NJ 07869</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/20/96** 201-895-4437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)