

FILE-NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 APR -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # F94000005954 (2)
1. Corporation Name
FLORIST IN MIAMI, INC.



Principal Place of Business
**62 MORRISTOWN RD.
BERNARDSVILLE NJ 07824**

Mailing Address
**3 SYLVIA PLACE
RANDOLPH NJ 07869-4604
US**

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
03/05/1996

4. FEI Number
22-2911074

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
**HUME, CHARLES L
% BAKER & MCKENZIE
701 BRICKELL AVENUE, 6TH FLOOR
MIAMI FL 33130-1806**

10. Name and Address of New Registered Agent

81. Name
EDWIN F. BLANTON

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

83. City
TALLAHASSEE FL 85 Zip Code 32303

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]* **Apr 8, 97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PTDC MEOLA, THOMAS**

STREET ADDRESS **3 SYLVIA PLACE**

CITY-ST-ZIP **RANDOLPH NJ 07869**

TITLE DELETE

NAME **VSDC MEOLA, PEGGY A**

STREET ADDRESS **3 SYLVIA PLACE**

CITY-ST-ZIP **RANDOLPH NJ 07869**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **600002137635**

1.3 STREET ADDRESS **-04/09/97--01023--030**

1.4 CITY-ST-ZIP ******173.75 ****173.75**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4-9-97

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 *[Signature]* **THOMAS MEOLA 3/19/97 201-898-4437**

CR2E034 (9/96)