

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

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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002746 (3)**

1. Corporation Name  
**1-800-FLOWERS RETAIL INC.**

Principal Place of Business  
**1600 STEWART AVE  
WESTBURY NY 11590**

Mailing Address  
**1600 STEWART AVE  
WESTBURY NY 11590-0611**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>11-3267496</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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, 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	<b>CP</b>	1.1 TITLE	<b>TREASURER</b>
NAME	<b>MCCANN, JAMES</b>	1.2 NAME	<b>WILLIAM SHEA</b>
STREET ADDRESS	<b>15 WEST DR</b>	1.3 STREET ADDRESS	<b>9 LISA CT</b>
CITY-ST-ZIP	<b>PLANDOME NY 11030</b>	1.4 CITY-ST-ZIP	<b>ROSCINET NY</b>
TITLE	<b>V</b>	2.1 TITLE	
NAME	<b>REED, GLENN</b>	2.2 NAME	
STREET ADDRESS	<b>1600 STEWART AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTBURY NY 11590</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>MCCANN, CHRISTOPHER</b>	3.2 NAME	
STREET ADDRESS	<b>37 BALDWIN BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAYVILLE NY 11707</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *William Shea* **REQUIRED** *4/18/97* *516-237-6000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006856

CR2E034 (9/96)