


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996 8-7-96		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G05367 (9)		
1. Corporation Name FLOWER CITY FLORIST, INC.		

Principal Place of Business 611 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33301 US	Mailing Address 611 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33301 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1982	3a. Date of Last Report 08/14/1995
21		26		4. FEI Number 59-2224340	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	Country	30	Country		

9. Name and Address of Current Registered Agent FOLGER, WILLIAM S. 3100 S.E. 4TH AVENUE FORT LAUDERDALE FL 33316		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	
NAME	FOLGER, WILLIAM S.	12 NAME	
STREET ADDRESS	3100 S.E. 4TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	FOLGER, WILLIAM S.	22 NAME	
STREET ADDRESS	3100 S.E. 4TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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