

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:06

DOCUMENT # **J06061** (2)
1. Corporation Name
FLORAL PROMOTIONS, INC.

Principal Place of Business Mailing Address
405 S STATE RD 7 PLANTATION FL 33317 **405 S STATE RD 7 PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1986** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0094657** 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**

6. This corporation has liability for franchise fee under S. 198.1132, Florida Statutes Yes No

21	2a. Mailing Address	26
22	Suite, Apt. #, etc	27
23	City & State	28
24	Zip	29
25	County	30

9. Name and Address of Current Registered Agent

**MILLER, BRUCE T.
22499 VISTAWOOD WAY
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

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 agent 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)

Signature, typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERBEL, GAIL N	12 NAME	
STREET ADDRESS	4210 SW 9TH ST	13 STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	14 CITY, ST, ZIP	
TITLE	VSC	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERBEL, PAUL	22 NAME	
STREET ADDRESS	4210 SW 9TH ST	23 STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 190.07(1)(b), 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 497, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Paul Kerbel 5/25/95

(Typed Name)

(305) 584-8006