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**

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

DOCUMENT # **J16908** **(2)**

1. Corporation Name
LAKEVIEW FLORISTS, INC.

Principal Place of Business
3030 S DIXIE HWY
WEST PALM BEACH FL 33405
US

Mailing Address
3030 S DIXIE HWY
WEST PALM BEACH FL 33405
US

3. Date Incorporated or Qualified: 05/30/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2697895 [ ] 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
21 708 S. DIXIE HWY
Suite, Apt #, etc.
22
City & State
23 WEST PALM BEACH, FL
Zip
24 33401
Country
25 US

2a. Mailing Address
26 708 S. DIXIE HWY
Suite, Apt #, etc.
27
City & State
28 WEST PALM BEACH, FL.
Zip
29 33401
Country
30 US

9. **Name and Address of Current Registered Agent**
MERELLI BARBARA
3030 S DIXIE HWY
WEST PALM BCH FL 33407

10. **Name and Address of New Registered Agent**
81 Name: BARBARA MERELLI
82 Street Address (P.O. Box Number is Not Acceptable): 708 S. DIXIE HWY
83
84 City: WEST PALM BEACH FL
85 Zip Code: 33401

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 Barbara Merelli ~~BARBARA MERELLI~~
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPST	[ ] DELETE
NAME	MERELLI, BARBARA	
STREET ADDRESS	3030 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	[ ] DELETE
NAME	BODNAR, THOMAS	
STREET ADDRESS	10630 KENNILWORTH AVE., NO. 104	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 this 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: Barbara Merelli BARBARA MERELLI Aug 7, 1996 407-655-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR