


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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J21324		(5)			
1. Corporation Name DECKS FLORIST INC.					
Principal Place of Business 1501 EAST SLIGH AVENUE TAMPA FL 33604-5803			Mailing Address 1501 EAST SLIGH AVENUE TAMPA FL 33610-1259		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1986	
21		26		3a. Date of Last Report 03/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2705615	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BENZING, NANCY J 1027 WILDROSE DRIVE LUTZ FL 33549			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 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					
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME P BENZING, NANCY J					
STREET ADDRESS 1027 WILDROSE DRIVE					
CITY-ST-ZIP LUTZ FL 33549					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME VP BENZING, ALBERT M					
STREET ADDRESS 1027 WILDROSE DRIVE					
CITY-ST-ZIP LUTZ FL 33549					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME SECY WATFORD, TAMMY L					
STREET ADDRESS 3955 KINGS DRIVE					
CITY-ST-ZIP BRANDON FL 33511					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME T ZENSING, NANCY J					
STREET ADDRESS 1027 WILDROSE DRIVE					
CITY-ST-ZIP LUTZ FL 33549					
1.5 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.6 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
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: Nancy J. Benzing 3-24-97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)