

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J35716 (6)

1. Corporation Name

ENGLEWOOD FLORIST, INC.



Principal Place of Business

Mailing Address

% HELENE MILLER
650 PALM PLAZA
ENGLEWOOD FL 34223-4936

% HELENE MILLER
650 PALM PLAZA
ENGLEWOOD FL 34223-4936

3. Date Incorporated or Qualified

10/01/1986

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2724387

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, HELENE
650 PALM PLAZA
ENGLEWOOD FL 33533

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

Signature, typed or printed name of registered agent and the filing officer

(If OFF. Registered Agent's signature is required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

MILLER, HELENE

STREET ADDRESS

6029 MANASOTA KEY RD.

CITY - ST - ZIP

ENGLEWOOD FL

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

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

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)(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 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:

HELENE MILLER HELENE MILLER

4/11/96

941
4753358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)