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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J36407** 

(1)

## FILED Feb 03 1997 8:00am Secretary of State

MERRITT ISLAND FLORISTS, INC.  Principal Place of Business Mailing Address  133 \$ COURTENAY PARKWAY MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-4843											
							3. Date Incorporated or 09/30/1986	Qualified		te of Las 6/1996	
n ·	lace of Business	h	ing Address				4. FEI Number			<b>}</b> }	Applied For
Suite, Apt	# oto	26 Suite	e, Apt. #, etc.				59-2261593				Not Applicable  5 Additional
2	<i>",</i> «	27	5, 7 q.c, Oto.			ļ	5. Certificate of Status I	Desired			Required
City & Stat	6		& State				6. Election Campaign F	inancing		\$5.0	00 May Be
3		28		1 6.			Trust Fund Contributi				ed to Fees
Zip <b>4</b>	Country 25	Zip 29		Gour 30	itry		This corporation has     Florida Statutes		intangible Yes		r s. 199.032,
<u> 1</u>	9. Name and Address of Currer		Agent	1301			10. Name and Address				
PEARCE, LEWIS R.				1	B1 Nan	ne	·····		·		
2259	5 N. COURTENAY PARKWAY			<u> </u>	B2 Stre	et Addres	ss (P.O. Box Number is No	ol Acceptab	ole)		
MER	RITT ISLANO FL			-	B3						
				['	03						
				Ţ.	B4 City	,			FL	85 Z	ip Code
	to the provisions of Sections 607.050 reg stered agent, or both, in the State am familiar with, and accept the oblig							ereby accer		ointment	as registered
SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig signature typed a point mana of registrociae OFFICERS AN	ent and fille it apple	cable. (N		Agent signa		n's board of directors. I he swhen reinstating)  ADDITIONS/CHANGE		DATE CERS AND		ORS IN 12
office or i agent. I a SIGNATURE 12. THE	Signative typed at pented name of regulations age OFFICERS AN DP VAUGHAN, ERMA	ent and fille it apple	cable. (N S	OTE Registered	Agent signa	ature required	s when reinstating)	S TO OFFIC	DATE CERS AND	DIRECT	ORS IN 12
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I do hareby certify that his minimation sopplied with the shifting does not quality to the exemption stated in Section 119.073(f). Florida Statutes. Hother certify that the information indication 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 3 if changed, or on an attachment with an address.

SIGNATURE

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

401-454-767

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