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 # **J41371** **(2)**

1. Corporation Name
EUROPEAN FLORAL GALLERY, INC.

Principal Place of Business
329 PARK AVENUE SOUTH
WINTER PARK FL 32789

Mailing Address
329 PARK AVENUE SOUTH
WINTER PARK FL 32789

3. Date Incorporated or Qualified: **11/06/1986**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

4. FEI Number: **59-2735632** ☐ 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

9. Name and Address of Current Registered Agent

MARTIN, ELMER E.
1012 CATHY DR.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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 607.1505, 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, such position pursuant to Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	MARTIN, ANN S.	12 NAME	
13 STREET ADDRESS	1012 CATHY DR.	13 STREET ADDRESS	
14 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP	
21 TITLE	VST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME	MARTIN, ELMER E.	22 NAME	
23 STREET ADDRESS	1012 CATHY DR.	23 STREET ADDRESS	
24 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP	
31 TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME	MARTIN, ELMER E.	32 NAME	
33 STREET ADDRESS	1012 CATHY DR.	33 STREET ADDRESS	
34 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added by this report or on an attachment with an address.

SIGNATURE: ELMER E. MARTIN Elmer E. Martin 1/19/96 407/644-8756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone

CR2E034 (12/95)