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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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Deytime Phone #

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

(7)

SIGNATURE:

IZMIR FLOWERS, INC.

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Principal Place of Busin	10SS	Mailing Address					
% OKTAY URAL 3608 ANDERSON ROAD CORAL GABLES FL 33134		% OKTAY URAL	% OKTAY URAL 3606 ANDERSON ROAD CORAL GABLES FL 33134				
		COME CHOCES I			3. Date Incorporated or Qualified 01/02/1987	3a. Date of Las 03/09/1	
2. Principal Place of B	usiness	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2842534		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	. 75 Additional ee Required
22		27			6 Flection Compaign Figureign		.00 May Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	1 1 7 -	ded to Fees
23	Country	Zip	Cour	itrv	This corporation has liability for it		
Zip	25	29	30	ν,	Florida Statutes 🕜 Yes		
9. N	ame and Address of Curre				10. Name and Address of New R	egistered Agent	
		ļ		B1 Name			
URAL, OKTAY		;		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
3608 ANDERSON ROAD			02, 3436				
COAL GABLES				83			
			ŀ	84 City		— , 85	Zip Code
				,		FL 👸	1
11. Pursuant to the pr	ovisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the abo	ve named corpor	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing ointment as regist-	its registered office ered agent. I am
	it, or both, in the State of Flor	ction 607.0505, Florida Statu	ites.	огрогино го оба	, , , , , , , , , , , , , , , , , , , ,	v	•
or registered ager familiar with	accept the obligations or, Sec						
familiar with							
familiar with and	typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	Agent signature require	ad when reinstaurigi	DATE	CTORS IN 12
SIGNATURE Signature.	typed or printed name of registered age	ent and little if applicable. ND DIRECTORS	(NOTE: Registered		ad when reinstanng? ADDITIONS/CHANGES TO OFF		
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