FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS K09587 DOCUMENT # (2)STEMBENDERS FLOWER SHOP, INC. Principal Place of Business Mailing Address 3865 10TH AVE N 3865 10TH AVE N LAKE WORTH FL 33461 LAKE WORTH FL 33461 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1987 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0009637 Not Applicable Suite, Apt. #. etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Z_{10} Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Elonda Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Nanie CAMUS, DONNA L. Street Address (P.O. Box Number is Not Acceptable) 82 3865 10TH AVE., NORTH LAKE WORTH FL 33461 83 84 City 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, typed an product name of respected a port and below against the (IN) E. Projects and Agent 8 graft to the planes where in installing 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change ☐ Addition BRUNNER, RUTHANN J. NAME 1.2 NAME 3865 10TH AVE N STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-S1-ZIP 1.4 CITY - ST - ZIP PD TITLE DELETE 2 1 THUE [] Change ☐ Addition BRUNNER, CHESTER C. NAME 2.2 NAME STREET ADDRESS **4072 SUSSEX AVENUE** 2.3 STHEET ADDRESS LAKE WORTH FL CITY - ST - ZIP 2,4 CITY - \$1 - ZiP THILE DELETE 3.1.00 E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7IP 3.4 CITY - \$1 - 2IP TITLE DELETE 4 1 THE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 -L CITY - ST - ZIP TITLE DELETE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 City - St - ZiP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NATURE AND TYPED OR PRINTIPE JAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 407 964-4600