

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K13968

1. Corporation Name

Atlantic Bouquet Company

Principal Place of Business

2020 NW 89TH PLACE
MIAMI FL 33172

Mailing Address

2020 NW 89TH PLACE
MIAMI FL 33172

FILED

96 JUN 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D
2865 S. BAYSHORE DR.
SUITE 900
MIAMI FL 33133

3. Date Incorporated or Qualified

1/29/88

3a. Date of Last Report

05/01/1995

4. FEI Number

650070444

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

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME RICHARDS, TIMOTHY D
STREET ADDRESS 1224 ANDORA AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE PD
NAME TEPPER, JAMES L
STREET ADDRESS 647 N. GREENWAY DR.
CITY-ST-ZIP CORAL GABLES FL

TITLE DVP
NAME HOWKINS, LAWRENCE N
STREET ADDRESS 3508 ANDERSEN ROAD
CITY-ST-ZIP CORAL GABLES FL

TITLE D
NAME GOTTLIEB, BARRY J
STREET ADDRESS 2843 BAYSHORE DRIVE #16A
CITY-ST-ZIP MIAMI FL 33133

TITLE D
NAME VAUGHAN, JOHN
STREET ADDRESS 2865 SOUTH BAYSHORE DR. #900
CITY-ST-ZIP MIAMI FL 33133

TITLE D
NAME VAUGHAN, HARRY
STREET ADDRESS 2865 SOUTH BAYSHORE DR. #900
CITY-ST-ZIP MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Richards, Timothy D.
1.3 STREET ADDRESS 1224 Andora Avenue
1.4 CITY-ST-ZIP Coral Gables FL

2.1 TITLE
2.2 NAME 500001369845
2.3 STREET ADDRESS -06/20/96--01065--011
2.4 CITY-ST-ZIP ***1042.50 ****225.00

3.1 TITLE D/VP/S
3.2 NAME Howkins, Lawrence N.
3.3 STREET ADDRESS 3508 Andersen Road
3.4 CITY-ST-ZIP Coral Gables FL

4.1 TITLE D/VP
4.2 NAME Gottlieb, Barry J.
4.3 STREET ADDRESS 2843 Bayshore Drive #16A
4.4 CITY-ST-ZIP Miami, FL 33133

5.1 TITLE D
5.2 NAME Richard Vaughan
5.3 STREET ADDRESS 2665 South Bayshore DR. #900
5.4 CITY-ST-ZIP Miami, FL 33133

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

6/19/96

Date

(305) 958-9900

Daytime Phone

CR2E034 (3/96)