

SECOND-NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K84956

(7)

1. Corporation Name

FLOWER & GIFT BOX, INC.

Principal Place of Business

3134 N WOODLAND BLVD  
DELAND FL 32720

Mailing Address

3134 N WOODLAND BLVD  
DELAND FL 32720

FILED

97 AUG 14 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/01/1989		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2951532		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		<input type="checkbox"/>		<input type="checkbox"/>	
				6. Election Campaign Financing		\$5.00 May Be	
				Trust Fund Contribution		Added to Fees	
				8. This corporation owes or has paid the current year Intangible		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Personal Property Tax due June 30.			

9. Name and Address of Current Registered Agent

MARKS, ROBERT L.  
2636 MAGNOLIA RD  
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME	P MARKS, ROBERT L.	1.2 NAME	
STREET ADDRESS	2636 MAGNOLIA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	MARKS, MARY D.	2.2 NAME	
STREET ADDRESS	2636 MAGNOLIA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 8/19/97 734-8642

CR2E034 (4/97)

Date

8/7/97

To: FLORIDA DEPT OF STATE.

I WAS TOLD BY JACKIE, DIV. OF  
CORPORATIONS, TO ADVISE YOU I  
DID NOT RECEIVE THE FIRST  
NOTICE OF FILING FEE AND  
TO SEND YOU A CHECK FOR  
\$ 165.00 ALONG WITH THIS  
NOTE.

Robert L. Marks  
President  
The Flower & Gift Box, Inc.

From the desk of

ROBERT MARKS