

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K85435 (1)

ALOHA ARTISTIC FLOWERS & GIFTS, INC.

APPROVED
AND
FILED
MAY 18 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Name of Business
C/O BARBARA A. BUCK
800 VIRGINIA AVENUE SUITE 35
FORT PIERCE FL 34982

Mailing Address
C/O BARBARA A. BUCK
800 VIRGINIA AVENUE SUITE 35
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 04/28/1989	36. Date of last report 05/11/1994
4. FEI Number 65-0115163	Appoint for Not Applicable
5. Certificate of Status (Current) ☐	\$8.75 Additional Fee Required
6. Election Campaign Contributions Total Cash Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for unpaid delinquent taxes ☒	

2. Principal Name of Business 21	26. Mailing Address 26
22. State of Incorporation 22	27. State of Mailing 27
23. City & State 23	28. City & State 28
29. Zip 29	30. Zip 30

9. Name and Address of Current Registered Agent

**BUCK, BARBARA A.
800 VIRGINIA AVENUE SUITE 35
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, P.O. Box Number, or Not Applicable	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Department of State, and that the same is a true and correct copy of the annual report of the corporation as required by law.

SIGNATURE

12. OFFICER OR AGENT	13. ADDITIONAL OFFICERS OR AGENTS
NAME D BUCK, BARBARA A.	NAME
STREET ADDRESS 800 VIRGINIA AVENUE S-35	STREET ADDRESS
CITY FORT PIERCE FL	CITY
STATE D	STATE
ZIP BUCK, FREDERICK J.	ZIP
STREET ADDRESS 800 VIRGINIA AVENUE S-35	STREET ADDRESS
CITY FORT PIERCE FL	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Department of State, and that the same is a true and correct copy of the annual report of the corporation as required by law.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Buck
BARBARA BUCK

5/11/95 407-465-327

