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FILED
Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K94235 (4)
 1. Corporation Name
B & P BLOOMIN' SILKS & FLORAL SUPPLY, INC.



Principal Place of Business Mailing Address
1001 W MIDWAY RD FT. PIERCE FL 34982 US **1001 W MIDWAY RD FT. PIERCE FL 34982-4142 US**

3. Date Incorporated or Qualified **06/09/1989** 3a. Date of Last Report **04/08/1996**
 4. FEI Number **65-0158506** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
WILLIAMS, BOBBY E.
941 WAGNER PLACE
FT. PIERCE FL 34982

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Bobby E. Williams*
 Signature, typed printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NORVELL, PAMELA W.	
STREET ADDRESS	706 BRACK ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BOBBY E.	
STREET ADDRESS	19270 GLADES CUT OFF RD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DORIS H	
STREET ADDRESS	19270 GLADES CUT OFF	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORVELL, CHARLES L	
STREET ADDRESS	706 BRACK RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pamela W. Norvell	
1.3 STREET ADDRESS	706 Brack Rd	
1.4 CITY-ST-ZIP	ft. Pierce, FL 34982	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Bobby E	
2.3 STREET ADDRESS	19270 Glades Cut. off Rd	
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34987	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Pamela W. Norvell* **Pamela W. Norvell** 1/7/97 (5612) 465-5644
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)