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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10:21

DOCUMENT # **L31593** **(1)**

1. Corporation Name
FLOWERS BY CINDY, INC.

Principal Place of Business	Mailing Address
% GEORGE P. JOSEPH, III 1390 WESTON ROAD FT. LAUDERDALE FL 33326	% GEORGE P. JOSEPH, III 1390 WESTON ROAD FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 65-0156652 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH, GEORGE P., III
15072 SW 10TH STREET
SUNRISE FL 33326

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: _____ (If changing registered agent, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name(s) is changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
01 TITLE	PDT	11 TITLE		☐ Change ☐ Addition
02 NAME	JOSEPH, GEORGE P	12 NAME		
03 STREET ADDRESS	15072 SW 10TH STREET	13 STREET ADDRESS		
04 CITY ST ZIP	SUNRISE FL	14 CITY ST ZIP		
01 TITLE	DVS	21 TITLE		☐ Change ☐ Addition
02 NAME	JOSEPH, CYNTHIA H	22 NAME		
03 STREET ADDRESS	15072 S.W. 10TH ST.	23 STREET ADDRESS		
04 CITY ST ZIP	SUNRISE FL	24 CITY ST ZIP		
01 TITLE		31 TITLE		☐ Change ☐ Addition
02 NAME		32 NAME		
03 STREET ADDRESS		33 STREET ADDRESS		
04 CITY ST ZIP		34 CITY ST ZIP		
01 TITLE		41 TITLE		☐ Change ☐ Addition
02 NAME		42 NAME		
03 STREET ADDRESS		43 STREET ADDRESS		
04 CITY ST ZIP		44 CITY ST ZIP		
01 TITLE		51 TITLE		☐ Change ☐ Addition
02 NAME		52 NAME		
03 STREET ADDRESS		53 STREET ADDRESS		
04 CITY ST ZIP		54 CITY ST ZIP		
01 TITLE		61 TITLE		☐ Change ☐ Addition
02 NAME		62 NAME		
03 STREET ADDRESS		63 STREET ADDRESS		
04 CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ George P Joseph III 1/9/95 (305) 384-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number