## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L38462

(2)

2a. Mailing Address

Suite, Apt. #, etc.

FIELD OF FLOWERS, INC.

2. Principal Place of Business

Sulte, Apt. #, etc.

Principal Place of Business	Mailing Address	T BODITATI OLD LILDL IRLIK AFDED BYING HAT BIDIT RIBIL BEDLI DIGHT DIDLI RIBIL HADS
5101 & UNIVERSITY DRIVE DAVIE FL 83326	5101 S UNIVERSITY DRIVE DAVIE FL 33328-4503	

22		1471							
City & Star 23		City & Stato	····			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			. 199.032,
24	25	29	30		:	Florida Statutes	Yes [	] No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent	
FUI	PSE, DONN			B1	Name				
	1 S UNIVERSITY DR		}	82	Stroot Addror	ss (P.O. Box Number is Not Acceptab	dal		
	/IE FL 33328			02	Sireet Addres	ss (F.O. Box Nomber is Not Acceptat	ж		
	TIL TE GOOLO		}	83					
				B4	City		FL	<b>85</b> Zip (	Code
44 Durawani	to the proviolenc of Sections 607 0503	and 607 1509 Florida Sta	huton thanh		nomed corner	ration submits this statement for the		changing it	o rogislarad
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	· -								
OIGHATORE	Signature, typed or printed name of registered agent	and title if applicable. (i	NOTE: Registered	Agen	t signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DP	☐ DELETE	1.1 1/1	LF				Change	Addition
NAME	flipse, donn f.		1.2 NA	ME					
STREET ADDRESS	1215 MALAGA		1,3 \$10	REET A	IDDRESS			,	ļ
CITY-ST-ZIP	CORAL GABLES FL		1.4 CH	IY-ST	- ZIP				]
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NAME	nankin, Susan, Krider		2.2 NA	ME	-		~(		
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CITY-ST-ZIP	PLANTATION FL		2 4 CI	1Y-S1	- 7IP				/
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NAME			3.2 NA	ME	1 77	SI ACIDATE			1
STREET ADDRESS			1		DDRESS 3	CONTRACTOR OF STREET	EET	•	. ]
CITY-ST-ZIP			3.4. CI		1 2 3	RAL GPRINGS F	~~!	33071	
TITLE		DELETE	4.1 111		n De	ST. SETTLETHEY	M	Change	Addition
NAME			4. 2 NA		MIN	ALLIEN KENTER			
STREET ADDRESS					1 7			1) ) ) /	
*							MU_V	以を	ľ
CITY-ST-ZIP TITLE		DOELFTE	4.4 CH 5.1 Til		·zer DL	CA RATON , FL		Change	Addition
NAME		C) Millie	5.2 NA		ļ			onongo	
STREET ADDRESS	•				DDRESS				Į
CITY-ST-ZIP		DELETE	54 CIT		-ZIP			Change	Addition
TITLE			6.1 7(1)					ш стапув	LJ Adordon
NAME			6.2 NA						
STREET ADDRESS			6.3 STF	REF1 A	DDRESS				{
CITY-ST-ZIP			6.4 CH						
M. Lelo horol	w partifulthat the information cumplied	Tall all to different adaptation of the	alife for the c		and an atataol in	Cooling 110 07/2)(i) Elorida Statuto	n 1 4 mile en		

. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Scotion 119.07(3)(i), Florida Statutos. 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 chapter 6, or on an attachment with an address.

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**FILED** 

Apr 16 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/17/1996

3. Date Incorporated or Qualified

12/27/1989

65-0180887

5. Certificate of Status Desired

4. FEI Number

(05/5) \$50U