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Mar 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 # L52978 (8)

1. Corporation Name

ATLAS FLORAL DECORATORS OF FLORIDA, INC.

Principal Place of Business

1060 HOLLAND DR.
SUITE 3C
BOCA RATON FL 33487

Mailing Address

1060 HOLLAND DR.
SUITE 3C
BOCA RATON FL 33487-2758



3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0199649

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

10. Name and Address of New Registered Agent

BEHAR, JOSHUA
1060 HOLLAND DR.
BOCA RATON FL 33487

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 officer 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

Sign and type the print name of registered agent and officer, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOGURSKY, MELVIN	
STREET ADDRESS	2150 CENTER AVE.	
CITY- ST- ZIP	FORT LEE NJ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ATLAS, ELLIOT J.	
STREET ADDRESS	46-12 70TH STREET	
CITY- ST- ZIP	WOODSIDE NY	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	ATLAS, LAWRENCE	
STREET ADDRESS	46-12 70TH STREET	
CITY- ST- ZIP	WOODSIDE NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BEHAR, JOSHUA	
STREET ADDRESS	9117 GETTYSBURG RD.	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, LANE	
STREET ADDRESS	4300 NW 83RD LANE	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0339784

CR2E034 (9/96)