

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L59335 (4)

1. Corporation Name

RACHEL ASHLEY INC



Principal Place of Business

Century Flower Shop
COUNTRY FLOWER SHOP
236 S FEDERAL HWY
DEERFIELD BEACH FL 33441
US

Mailing Address

Century Flower Shop
COUNTRY FLOWER SHOP
236 S FEDERAL HWY
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

21 *Century Flower Shop*

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Mailing Address

26 *Century Flower Shop*

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/19/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0186349

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

9. Name and Address of Current Registered Agent

EGAN, PATRICIA K.
943 SE 10TH ST. #5D
DEERFIELD BEACH FL 33441

Mond

10. Name and Address of New Registered Agent

81 Name *PATRICIA K EGAN*
82 Street Address (P.O., Box Number is Not Acceptable)
50 Pelican Ponte Dr. #203
83 *DeRay Bc, FLA*
84 City *FL* 85 Zip Code *33483*

11. Pursuant to the provisions of Sections 607.0602 and 607.508, 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 607.0605, Florida Statutes.

SIGNATURE

Patricia K Egan

(NOTE: Registered Agent signature required when reinstating)

April 26, 1996

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME EGAN, PATRICIA K.
STREET ADDRESS 943 SE 10TH ST. #5D
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Patricia K Egan

4-26-96

954 4270189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)