

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 6/6/95: \$225 (IF DISSOLVED, CURRENT AMOUNT DUE TO REINSTATE: \$875)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:54

DOCUMENT # L65006

(3)

1. Corporation Name

ARTS IN FLOWERS, INC.

Principal Place of Business
**4054 RIDGEWOOD AVENUE
 PORT ORANGE FL 32127**

Mailing Address
**4054 RIDGEWOOD AVENUE
 PORT ORANGE FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1990	3a. Date of Last Report 04/13/1994
4. FEI Number 59-3011509	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
7. This corporation has liability for intangible tax under s. 100.072 Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**MATZ, RAYMOND
 4054 RIDGEWOOD AVENUE
 PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature (typed or printed name of registered agent and the Florida State)

DATE (Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MATZ, RAYMOND E.	1.2 NAME	
STREET ADDRESS	4054 RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	1.4 CITY, ST, ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LENTZ, HOWARD	2.2 NAME	
STREET ADDRESS	4054 RIDGEWOOD AVE.	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 110.07(1)(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 the law empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or (Block 12) changed or on an attachment with my address.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR SECRETARY

6-27-95

FILE

APPROPRIATE

CR2E034 (3/95)