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AND
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95 MAY -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L70970 (3)

1. Corporation Name
DECICCO FLORAL CORPORATION

Principal Place of Business Mailing Address

DE CICCIO FLORAL CORPORATION **DE CICCIO FLORAL CORPORATION**
7515 NW 55 ST. 7515 NW 55 ST.
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 2a. Mailing Address

21 **7515 N.W. 55 St.** 26 **7515 N.W. 55 St.**

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

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/04/1990 **04/28/1994**

4. FEI Number Applied For
65-0200750 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. 100.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ZABLUDOWSKI, DANIEL A
2 SO BISCAYNE BLVD
STE 3100
MIAMI FL 33131

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITSON, EDWARD R.	1.2 NAME	
STREET ADDRESS	87 MT AIRY RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PIPERSVILLE PA	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECICCO, JOSEPH	2.2 NAME	
STREET ADDRESS	52 SYCAMORE WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	DOYLESTOWN PA	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKLER, GEORGE T.	3.2 NAME	
STREET ADDRESS	7513 NW 55 STR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(3)(b), 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: _____ DATE: **4-26-95**

[Signature] **599-2399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)