FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 2:05

TALLAHASSEE, FLORIDA

DOCUMENT # M33702 (5)

1. Corporate Name
DOLLY'S FLORIST OF ROLLING HILLS, INC.

Principal Place of Business
13320 STIRLING RD.
FT LAUDERDALE FL 33330

Mailing Address
13320 STIRLING RD.
FT LAUDERDALE FL 33330

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 06/16/1986
3a. Date of Last Report: 05/13/1994

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

4. FEI Number: 59-2701640 — 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. The corporation has gross assets not exceeding $ 100,000 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
DE LA FLOR, AUGUSTO
13320 STIRLING RD
FT LAUDERDALE FL 33330

10. Name and Address of New Registered Agent
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 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELA FLOR, AUGUSTO
STREET ADDRESS	2315 S. UNIVERSITY DR.
CITY ST ZIP	DAVIE, FL.
TITLE	D
NAME	DELA FLOR, DEBORAH
STREET ADDRESS	2315 S. UNIVERSITY DR.
CITY ST ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that I am not aware of any additional or different information required by Section 607.0505, Florida Statutes. I further certify that the information contained in this report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. 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 above, or on attached amendment, or on an attachment with an alphabetical designation.

SIGNATURE: 4/29/95 (305) 475-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah De La Flor

0236106 CP