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 # M60309 (5)

1. Corporation Name
ISLAND FLOWERS, INC.

Principal Place of Business	Mailing Address
C/O JEFFREY J. ROSZ 14000 HOLLYWOOD BLVD. PEMBROKE PINES FL 33027	C/O JEFFREY J. ROSZ 14000 HOLLYWOOD BLVD. PEMBROKE PINES FL 33027

3. Date Incorporated or Qualified: 10/06/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0015247 ☐ 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
21 [redacted] 2691 SW 110 WAY
Suite, Apt. #, etc.
22 DAVIE, FL.
City & State
23
Zip 24 33328 Country 25 USA

2a. Mailing Address
26 2691 SW 110 WAY
Suite, Apt. #, etc.
27 Davie FL
City & State
28
Zip 29 33328 Country 30 USA

9. Name and Address of Current Registered Agent

ROSZ, JEFFREY J.
14000 HOLLYWOOD BLVD.
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name: Jeffrey Roszkowski
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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROSZ, JEFFREY J.	
STREET ADDRESS	14000 HOLLYWOOD BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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	Jeffrey J. Roszkowski	NAME CHANGE
1.3 STREET ADDRESS	2691 SW 110 WAY	ADDRESS CHANGE
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
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	300001866423	☐ Change ☐ Addition
5.2 NAME	-06/19/96--01027--014	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		05-01-96 OK

CR2E034 (12/95)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #