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 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37588** **(1)**

1. Corporation Name

FLOWERS ALIVE, INC.

Principal Place of Business

5170 CLEVELAND AVE.
FT. MYERS FL 33907

Mailing Address

% TELEWAY INC.
1600 STEWART AVE.
WESTBURY NY 11590

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/17/1992	01/05/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	65-0307620	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Certified Copy (Optional) ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / State 30	7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BRAUNER, JOMARIE
5170 CLEVELAND AVE.
FT. MYERS FL 33907

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 Section(s) 607.0502 and 607.1808, 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		13. Add, Change, or Delete Officers and Directors	
01 TITLE	DCP	11 TITLE	☐ Change ☐ Addition
02 NAME	MCCANN, JAMES F	12 NAME	
03 STREET ADDRESS	15 WEST DR.	13 STREET ADDRESS	
04 CITY ST ZIP	PLANDOME NY 11030	14 CITY ST ZIP	
05 TITLE	DV	21 TITLE	☐ Change ☐ Addition
06 NAME	ZARA, LARRY	22 NAME	
07 STREET ADDRESS	6161 KINGSBURY	23 STREET ADDRESS	
08 CITY ST ZIP	ST LOUIS MO 63112	24 CITY ST ZIP	
09 TITLE	D	31 TITLE	☐ Change ☐ Addition
10 NAME	LEWIS, MICHAEL F.	32 NAME	
11 STREET ADDRESS	7 N. BRENTWOOD	33 STREET ADDRESS	
12 CITY ST ZIP	ST. LOUIS MO	34 CITY ST ZIP	
13 TITLE	D	41 TITLE	☐ Change ☐ Addition
14 NAME	SAENGER, LEO	42 NAME	
15 STREET ADDRESS	10 S. BRENTWOOD	43 STREET ADDRESS	
16 CITY ST ZIP	CLAYTON MO	44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 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)(i), 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 14 above, or on an attachment with an address.

SIGNATURE: *Joni F McCann* 4/21/95

SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR FIELD DIRECTOR — Date

JONI F MCCANN

0004368 FN