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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P37588 (1)
1. Corporation Name
FLOWERS ALIVE, INC.

Principal Place of Business
5170 CLEVELAND AVE.
FT. MYERS FL 33907
Mailing Address
% TELEWAY INC.
1800 STEWART AVE.
WESTBURY NY 11590-6611



3. Date Incorporated or Qualified
02/17/1992
3a. Date of Last Report
05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0307620 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
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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 85 Zip Code
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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: MARIAN NAGY
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when registering)
Date: 4/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MCCANN, JAMES F 15 WEST DR. PLANDONE NY 11030 <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	TREASURER WILLIAM SHEA 9 LISA CT NESCUNSET NY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZARIN, LARRY 6161 KINGSBURY ST LOUIS MO 63112 <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MICHAEL F. 7 N. BRENTWOOD ST. LOUIS MO <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAENGER, LEO 10 S. BRENTWOOD CLAYTON MO <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, GLENN 1800 STEWART AVE. WESTBURY N. <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] WILLIAM SHEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/18/97
Daytime Phone: (516) 237-6000

CR2E034 (9/96)