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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000002500 (5)**

1. Corporation Name
PETALS FLORAL DESIGNS, INC.

Principal Place of Business	Mailing Address
6849 MAIN ST MIAMI LAKES FL 33014	6849 MAIN ST MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 ~~7270~~ JACARANDA LN	26 7270 JACARANDA LN
22 APT	27
23 MIAMI LAKES	28 MIAMI LAKES, FL.
24 33014	29 33014
25 USA	30 USA

Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: 65-0380598 ☐ 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

9. Name and Address of Current Registered Agent

KARPF, ARLENE
6849 MAIN ST
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: KARPF, ARLENE
82 Street Address (P.O. Box Number Is Not Acceptable): 7270 JACARANDA LANE
83
84 City: MIAMI LAKES FL 85 Zip Code: 33014

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: ARLENE KARPF Arlene Karpf P — DATE: 8-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☑ Change ☐ Addition
NAME	KARPF, ARLENE	1.2 NAME	KARPF, ARLENE
STREET ADDRESS	6849 MAIN ST	1.3 STREET ADDRESS	7270 JACARANDA LANE
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	CASERTA, ANN	2.2 NAME	
STREET ADDRESS	7246 JACARANDA LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, LINDA	3.2 NAME	
STREET ADDRESS	16454 LOCHNESS CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: ARLENE KARPF Arlene Karpf P — 8-1-95 — 305-822569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084422 CP