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FILED
Apr 14 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 # P93000018588 (2)

1. Corporation Name

CARDAE', INC. "TAMPA'S PREMIER FLORIST"



Principal Place of Business

6402 N. ARMENIA AVE.
TAMPA FL 33604

Mailing Address

6402 N. ARMENIA AVE.
TAMPA FL 33604-5712

change of address

2. Principal Place of Business

21 2301 S. MacDill Ave.
Suite, Apt. #, etc.

22 City & State

23 Tampa, Florida

24 Zip Country

25 33629 Hillsborough

2a. Mailing Address

26 } same
Suite, Apt. #, etc.

27 City & State

28 Tampa, Florida

29 Zip Country

30 33629 Hillsborough

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

06/13/1996

4. FEI Number

59-3175235

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

LOMBARDI, FRANK S
6402 N ARMENIA AVE
TAMPA FL 33604

} change address ->

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2301 S. MacDill Ave.

83

84 City

Tampa

FL

85 Zip Code

33629

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 Frank S. Lombardi, Sec. Treas. Corp.

Signature typed or printed name of registered agent and title if applicable.

(NOTE - Registered Agent signature required when reinstating)

DATE

4/14/97

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME LOMBARDI, FRANK A SR.
STREET ADDRESS 16601 LONGLEAF DRIVE } correct address ->
CITY-ST-ZIP LUTZ FL

TITLE STD
NAME ROME, ALLISON R
STREET ADDRESS 16507 LONGLEAF DR.
CITY-ST-ZIP LUTZ FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 16601 LONGLEAF DR.
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

CP2E034 (9/96)