

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000026885 (2)

1. Corporation Name

C & L WHOLESALE SILKS AND GREENERY, INC.



Principal Place of Business

4280 DOW RD
STE 106
MELBOURNE FL 32934

Mailing Address

4280 DOW RD
STE 106
MELBOURNE FL 32934

3. Date Incorporated or Qualified
04/07/1993

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CALICCHIA, DOMENIC
1510 BOTTLEBRUSH DR
STE 40
PALM BAY FL 32905

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 Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent or officer (Applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | | |
|----------------|---|---------------------|--------------------------------------------|
| TITLE | D | DESAPIO, JOSEPH | <input checked="" type="checkbox"/> DELETE |
| NAME | | 4280 DOW RD STE 106 | |
| STREET ADDRESS | | MELBOURNE FL | |
| CITY- ST- ZIP | | | |
| TITLE | D | DESAPIO, VALERIE | <input checked="" type="checkbox"/> DELETE |
| NAME | | 4280 DOW RD #106 | |
| STREET ADDRESS | | MELBOURNE FL | |
| CITY- ST- ZIP | | | |
| TITLE | D | LACAVA, JOSEPH | <input type="checkbox"/> DELETE |
| NAME | | 4280 DOW RD #106 | |
| STREET ADDRESS | | MELBOURNE FL 32934 | |
| CITY- ST- ZIP | | | |
| TITLE | D | LACAVA, TONI | <input type="checkbox"/> DELETE |
| NAME | | 4280 DOW RD #106 | |
| STREET ADDRESS | | MELBOURNE FL 32934 | |
| CITY- ST- ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | Linda Gail Brooks | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 4280 Dow Rd, Ste 106 | |
| 1.3 STREET ADDRESS | Melbourne, FL | |
| 1.4 CITY- ST- ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY- ST- ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY- ST- ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY- ST- ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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)(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: Toni LaCava TONI LACAVA, SECRETARY 3-21-96 407-242-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)