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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name J.T. FLORIST, INC.	P93000030651 (2)	LIBRHRALINI INIKA NIKI BONI ANI	Il 31111 63146 ikin 3014 birki birki 1101 ikol
Principal Place of Business	Mailing Address			
20725/20727 N.W. 2ND AVE. 20725/20727 N.W. 2ND MIAMI FL MIAMI FL		AVE.		
			3. Date Incorporated or Qualified 04/26/1993	3a. Date of Last Report 07/25/1995
Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0404551	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	27 City & State			Fee Hequired
23	28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Cour		Country	8. This corporation has liability for	*
24 25 9. Name and Add	29 dress of Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	
STONE, ADELE I % ATKINSON DINER STO 1946 TYLER ST. HOLLYWOOD FL 33020	NE & COHEN P.A.		SANTUC ess (P.O. Box Number is Not Acceptable 72.7 W.W. 3	FL 85 Zp Code
Pursuant to the provieting of Se or registered agent or both, it familiar with, and accept the out SIGNATURE Familiar, types or protection. The provieting of the prov	ctions 607.0502 and 607.1508, Florida Statute: To State of Florida. Such change was authorize portions of Solion 607.0505, Florida Statutes. The of half-street approximation in applicable. (NOT	s, the above named corpor d by the corporation's boar	d of directors. I hereby accept the appx	pose of changing its registered office bintment as registered agent. I am
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
NAME D SANTUCCIO, I	ERANK	1 1 TITLE 12 NAME		CERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS 5030 S. UNIVE		13 STREET ADDRESS		
CHY-ST-ZIP DAVIE FL 3332	28	14 CHY-ST-ZIP 2 1 THILE		Change Addition
NAM:		2 2 NAME		C change C Addition
STREET ADDRESS		23 STREET ADDRESS		
CHY-S1-ZIP	DELETE	24 CITY-ST-ZIP 3 1 THLE	1. 10.	☐ Change ☐ Addition
NAME		3.2 NAME		C) change C) sociation
STREET ADDRESS		33 STREET ADDRESS		
CHY ST ZIP	DELFTE	3.4 CHY-S1-7IP 4.1 TITLE		Change Addition
MME		4 2 NAME		C cumile C vacations
STREET ADDITIONS		4.3 STREET ADDRESS		
CHY \$1 ZiP	☐ DELETE	4.4 CITY - \$1 - ZIP		Change Addition
NAME.		5 1 TITLE 52 NAME		Crowings CT Magazine
STREET ADDRESS		5 3 STREET ADDRESS		
CHY SI ZIP	Filesia	5 4 CITY - ST - ZIP		
TILF	DELETE	6 1 TITLE 62 NAME		Change Addition
NAME STREET ADDRESS		6.3 STREET ADDRESS		
City St-Zip		6 4 CITY - \$1 - ZIP		
 I do hereby certify that the infor- certify that the information indice oath, that I am an officer or direct appears in Block 12 or Block 13 	nation supplied with this filing is voluntarily furnic ator or this annual report or supplemental annu- ctor of the comporation or the receiver or trustee if change 1) or on an attaching t with an addre	shed and does not qualify for all report is true and accura empowered to execute this ass.	or the exemption stated in Section 119, te and that my signature shall have the s report as required by Chapter 607, Fi	07(3)(k), Florida Statutes. I further same legal effect as if made under orida Statutes; and that my name
SIGNATURE: KINAT	THE AND TYPED OR PRINTED NAME OF SIGNING OFFICE	Musidut ROR DIRECTOR	2/19/96 Date	Daytinie Prione ≢