

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000030651 (2)

1. Corporation Name:

J.T. FLORIST, INC.

Principal Place of Business:

20725/20727 N.W. 2ND AVE.
MIAMI FL

Mailing Address:

20725/20727 N.W. 2ND AVE.
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0404551

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. 199.042,
Florida Statutes

☒

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STONE, ADELE I
% ATKINSON DINER STONE & COHEN P.A.
1948 TYLER ST.
HOLLYWOOD FL 33020

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 607.032 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent or both in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby accept the appointment as registered agent. I am a new or continuing obligor of Section 607.032, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTUCCIO, FRANK
5030 S. UNIVERSITY DR.
DAVE FL 33328

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. 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 199.042(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 of this filing as an officer or director of the corporation.

SIGNATURE:

Frank Santuccio President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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***200.00

4/29/96 655-0067

4/29/96