FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000041062 (9)

ORLANDO FLORIST, INC.	
Principal Place of Business	Mailing Address
2910 N. ORANGE AVE. ORLANDO FL 32804	2910 N. ORANGE AVE. ORLANDO FL 32804-4628

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			f andistat inn inink tatt mott matt antil obili nink tant konin mila till innt						
2910 N. ORANGE AVE. ORLANDO FL 32804		2910 N. ORANGE AVE. ORLANDO FL 32804-4628							
					3. Date Incorporated or Qualific 06/10/1993		le of Las	it Report	
2. Principal Place of Business 2a. Mailing Address				************	4. FEI Number			Applied For	
26					59-3198993		Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation has liability		r intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	🗌 Yes 🔀 No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered A	lgent		
ASM	A, WILLIAM N		8	31 Name					
886	888 SOUTH DILLARD STREET			32 Stroot	Address (P.O. Box Number is Not Accep	ddress (P.O. Box Number is Not Acceptable)			
	TER GARDEN FL 34787		ا ا	33					
. " ."									
			[8	34 City		FL	85 7	'ıp Code	
11 Purcuent t	to the provisions of Sections 607.05	02 and 607 1508. Florida Sta	tutes the abo	nve-namer	corporation submits this statement for the	ne nurnose of	changin	a its registered	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such chance wa	is authorized.	by the cor	poration's board of directors. I hereby ac	cept the app	ointment	as registered	
SIGNATURE		•							
	Signature, typod or printed name of registered a			Agent signatur	e required when reinstating)	DA1E	DIDCO	656 III 16	
12.		ND DIRECTORS DELETE	18.		ADDITIONS/CHANGES TO OF	FICERS AND	Chan		
TITLE '	P TELLE	E' DECETE	1.1 101				L. Cilali	ge (Audinoil	
NAME	SCHNEIDER, JEAN B		1.2 NAN						
STREET ADDRESS	2910 N. ORANGE AVE. ORLANDO FL 32804			EET ADDRESS					
CATY-ST-ZIP TITLE	ST SZOU	1.4 CI DELETE 2.1 TI		r - ST - ZIP			Chan	ae 🔲 Addition	
NAME	HERZOG RICHARD B	2.1 II						<i>y</i>	
STREET ADDRESS	2010 N ORANGE AVE			EET ADDRESS					
CITY-ST-ZIP	ORLANDO FL			Y-ST-ZIP					
TITLE	ONDANDOTE	DELETE 31					Chan	ge Addition	
NAME			32 NA						
STREET ADDRESS				 Eet address					
CITY-ST-ZIP				Y-S1-Z(P					
TITLE		DELETE	4.1 1171				Chan	ge Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	EET ADDRESS					
CITY-\$T-ZIP			4.4 CII	Y-S1-2IP					
TITLE		DELETE	5.1 1111				☐ Chan	ge Addition	
NAME			5.2 NA	ME					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6.1 1111				Char	ge 🔲 Addition	
NAME	(4)		6.2 NA	ME					
STREET ADDRESS	\$20 miles			REET ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-\$1-7IP					
14. do herel	by certify that the information suppl	ied with this filing does not a			stated in Section 119.07(3)(i), Florida Sta	tutes. I furthe	gerlify t	that the	

report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or poration or the requirer or trustee garpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with address.