

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000045771 (1)**

1. Corporation Name

JAN'S FLOWER SHOPPE, INC.



Principal Place of Business

Mailing Address

1696 OLD OKEECHOBEE RD
20
W PALM BCH FL 33401
US

1696 OLD OKEECHOBEE RD
20
W PALM BCH FL 33401
US

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **227 Sunrise Ave**
Suite, Apt. #, etc.

26 **227 Sunrise Ave**
Suite, Apt. #, etc.

4. FEI Number

65-0425458

Applied For

Not Applicable

22 **PALM BEACH, FL**
City & State

27 **PALM BEACH, FL**
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 **33480**
Zip

25 **PALM BEACH**
Country

28 **33480**
Zip

30 **PALM BEACH**
Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEMPER, JAN C
101 WORTH AVE.
PALM BEACH FL 33480**

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 607.1508, 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

Jan Claire Kemper

(NOTE: Registered Agent signature required when reinstating)

1-26-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**KEMPER, JAN C
101 WORTH AVE.
PALM BEACH FL 33480**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Jan Claire Kemper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN CLAIRE KEMPER

1-26-96

407-835-6999

Date

Daytime Phone #

CR2E034 (12/95)