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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

SIGNATURE:

1990	GOO WE	DIVISION	OF CORPO	RATIONS			
DOCUMENT :		0048157 (	0)				
WORLD OF FLO	ORS, INC.				146811881 118		
Dringing Place of St.							
Principal Place of Business 2021 S.W. 38TH AVENUE		Mailing Address			L sanninge nin iftifit affell fill	ist onlin efter older il	INDV 1490L DISSI SOOT SOOT
FT. LAUDERDALE FL 33312		2021 S.W. 38TH AV Ft. Lauderdale F	ENUE L 33312				
					3. Date Incorporated or Qualified 07/01/1993	3a. Date of L	ast Report 1/1995
Principal Place of Business		2a. Mailing Address		4. FEI Number	00/0	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0427946 Not Applic		Not Applicable	
City & State		27		5. Certificate of Status Desired	□ \$·	8.75 Additional Fee Required	
)		City & State		Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	Cou	untry	This corporation has liability for		Added to Fees der s. 199.032
9. Name ar	ol nd Address of Curren	29 t Registered Agent	[30]	r	Florida Statutes Yes	; □ No	
				81 Name	10. Name and Address of New F	legistered Ager	it
FLOWERS, ROBERT 2021 S.W. 38TH AVE			82 Street Ado	ress (P.O. Box Number is Not Acceptat	yle)		
FT. LAUDERDALE FL				83			
	31000						
				84 City		FL B5	Zip Code
<ul> <li>Pursuant to the provisions or registered agent, or bo</li> </ul>	of Sections 607.0502 th, in the State of Florid	and 607.1508, Florida Statu a. Such change was author	ites, the abo	ve-named corpo	ration submits this statement for the pur rd of directors. I hereby accept the appe	pose of changing	its registered office
rammar with, and accept t	he obligations of, Section	a. Such change was author on 607.0505, Florida Statute	es.	orporation 5 tioa	rd or directors. I hereby accept the appoint	ointment as regis	tered agent. I am
SIGNATURE Signature typed or pr	rinted name of registered agent a	nd title if applicable.	IOTE: Begistered	Agent signature require			
	OFFICERS AND		13.	Ago it signature require	ADDITIONS/CHANGES TO OFF	DATE CERS AND DIDE	CTOPS IN 12
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SI-ZIP I do hereby certify that the i	nformation supplied with	h this filing in voluntarity?		- ST- ZIP			
certify that the information in	ndicated on this annual	report or supplemental auni	ished and do Jal <b>t</b> eport is	pes not qualify fo true and accurati	r the exemption stated in Section 119.0 e and that my signature shall have the s	7(3)(k), Florida Sta	atutes. I further
appears in Block 12 or Bloc	vrector grythe corpolat x 13 if churtged, <del>or ot</del>	ion or the raceiver ordruster an attachment with an ad vr	ess.	d to execute this	e and that my signature shall have the signature of the s	ште теуагелест а ída Statutes; and	is if made under that my name
CALATURE	$\langle V \rangle$	1			) 1/201	Λ	•
GNATURE:	GNATING AUD TYPES OF THE	INTED NAME OF SIGNING OFFI	$\sim$		<u>/ 7-7-76</u>	754-58	3.7251
		THE NAME OF SIGNING OFFICE	N OR DIRECTO	R	Date	Daytime Ptx	one #