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

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076767 (1)

1. Corporation Name
FLORIDA FLOWER SHIPPERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1396 N. KILLIAN DR.<br>BAY #1<br>LAKE PARK FL 33403<br>US | 1396 N. KILLIAN DR.<br>BAY #1<br>LAKE PARK FL 33403<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1993
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21: 432 25TH STREET
22: Suite, Apt. #, etc.
23: City & State: WEST PALM BEACH, FL
24: Zip: 33407
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0506977 ☐ 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

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

9. Name and Address of Current Registered Agent

GALIANO, GARY
12216 US HWY 1
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: HOWARD CORDOVER
82 Street Address (P.O. Box Number is Not Acceptable): 12216 US Hwy 1
83:
84 City: N PALM BEACH FL 85 Zip Code: 33409

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: X [signature] HOWARD CORDOVER 7/21/95
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GALIANO, GARY | 12 NAME | |
| STREET ADDRESS | 12216 US HWY 1 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | N PALM BEACH FL 33409 | 14 CITY-ST-ZIP | |
| TITLE | V | 21 TITLE | P, V ☑ Change ☐ Addition |
| NAME | CORDOVER, HOWARD | 22 NAME | HOWARD CORDOVER |
| STREET ADDRESS | 12216 US HWY 1 | 23 STREET ADDRESS | 12216 US HWY 1 |
| CITY-ST-ZIP | N PALM BEACH FL 33409 | 24 CITY-ST-ZIP | N PALM BEACH, FL 33409 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 119.07(3)(i), 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: X [signature] 7/21/95 407-659-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HOWARD CORDOVER

0243030 CP