

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076767 (1)

1. Corporation Name

FLORIDA FLOWER SHIPPERS, INC.



Principal Place of Business

432 25TH ST
BAY #1
W PALM BEACH FL 33407
US

Mailing Address

1396 N. KILLIAN DR.
BAY #1
LAKE PARK FL 33403
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 432 25th ST.

22 City & State

27 BAY #1

23 Zip

Country

28 WEST PALM BEACH FL

24 Zip

Country

29 33407

30 USA

9. Name and Address of Current Registered Agent

CORDOVER, HOWARD
12216 US HWY 1
N PALM BEACH FL 33409

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

08/03/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

GARY GALIANO

82 Street Address (P.O. Box Number is Not Acceptable)

432 25th ST.

83

84 City

West Palm Beach

FL

85 Zip Code

33407

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

[Signature]
Signature of registered agent and title if applicable

GARY GALIANO

(NOTE: Registered Agent signature required when reinstating)

4/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GALIANO, GARY
STREET ADDRESS 12216 US HWY 1
CITY-ST-ZIP N PALM BEACH FL 33409

☐ DELETE

TITLE PV
NAME CORDOVER, HOWARD
STREET ADDRESS 12216 US HWY 1
CITY-ST-ZIP N PALM BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY GALIANO

4/17/96

DATE

407-654-0660

Daytime Phone #

CR2E034 (12/95)