

**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 # **P93000080273 (4)**

1. Corporation Name  
**FLORIDA FLORAL AGENCY CORPORATION**



Principal Place of Business: **3301 N.E. SECOND AVENUE MIAMI FL 33137**  
Mailing Address: **3301 N.E. SECOND AVENUE MIAMI FL 33137**

3. Date Incorporated or Qualified: **11/22/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **1109 NW 22 AVE**  
22 Suite, Apt. #, etc.  
23 **MIAMI FLORIDA**  
24 **33125** 25 **U.S.A.**  
26 **1109 N.W. 22 AVE**  
27 Suite, Apt. #, etc.  
28 **MIAMI FLORIDA**  
29 **33125** 30 **U.S.A.**

4. FEI Number: **65-0449444**  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAFFER, JACK J**  
**3301 N.E. SECOND AVENUE**  
**MIAMI FL 33137**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GRUBER, ALBERT</b>
STREET ADDRESS	<b>906 N. FLAGLER STREET</b>
CITY-ST-ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>CAREY, GREGORY</b>
STREET ADDRESS	<b>9625 DOMINICAN DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ASCHER, ROBERT</b>
STREET ADDRESS	<b>2001 N.W. 14TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCABE, HUGH</b>
STREET ADDRESS	<b>12520 S.W. 69TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>900001834369</b>
3.4 CITY-ST-ZIP	<b>-05/22/96--01040--009</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>***200.00</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>T. BOATWRIGHT, LEONARD</b>
6.3 STREET ADDRESS	<b>15410 SW 84TH AVENUE</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>

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: **LEONARD BOATWRIGHT** 4/30/96 305 279-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

*Handwritten initials*