

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000003360 (2)
1. Corporation Name
MARLENE'S TROPICAL WHOLESALE FLORIST, INC.

Principal Place of Business 2856 N.W. 10TH AVENUE WILTON MANORS FL 33311	Mailing Address 2856 N.W. 10TH AVENUE WILTON MANORS FL 33311
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3. Date Incorporated or Qualified **01/13/1994** 3a. Date of Last Report

2. Principal Place of Business 21 6057C NW 31st Ave	2b. Mailing Address 26 6057C NW 31st Ave	4. FEI Number 65-0407935	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Fort Lauderdale, FL	28 City & State Fort Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33309	25 Country USA	29 Zip 33309	30 Country USA

9. Name and Address of Current Registered Agent
**MATTHEWS, MARLENE
2856 N.W. 10TH AVENUE
WILTON MANORS FL 33311**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 M. Matthews DATE **8-7-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, MARLENE	2. NAME	
STREET ADDRESS	2856 N.W. 10TH AVENUE	3. STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL 33311	4. CITY - ST - ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, WILFRED	22. NAME	
STREET ADDRESS	2856 N.W. 10TH AVENUE	23. STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL 33311	24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: M. Matthews DATE **8-7-95** **305-9682363**
Signature and typed or printed name of signing officer or director. (Date) (Day/Phone #)
M. MATTHEWS

CR2E034 (3/95)