

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000003360 (2)**  
1. Corporation Name

**MARLENE'S TROPICAL WHOLESALE FLORIST, INC.**



Principal Place of Business Mailing Address  
**6057C N.W. 31ST AVE FORT LAUDERDALE FL 33309 US**

3. Date Incorporated or Qualified **01/13/1994** 3a. Date of Last Report **08/10/1995**  
4. FEI Number **65-0407935** 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. 190.032 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type: 1. printed name, 2. typed name, 3. signature, 4. initials, 5. initials and last name, 6. initials and first name, 7. initials and last name, 8. initials and first name, 9. initials and last name, 10. initials and first name, 11. initials and last name, 12. initials and first name, 13. initials and last name, 14. initials and last name, 15. initials and last name, 16. initials and last name, 17. initials and last name, 18. initials and last name, 19. initials and last name, 20. initials and last name, 21. initials and last name, 22. initials and last name, 23. initials and last name, 24. initials and last name, 25. initials and last name, 26. initials and last name, 27. initials and last name, 28. initials and last name, 29. initials and last name, 30. initials and last name, 31. initials and last name, 32. initials and last name, 33. initials and last name, 34. initials and last name, 35. initials and last name, 36. initials and last name, 37. initials and last name, 38. initials and last name, 39. initials and last name, 40. initials and last name, 41. initials and last name, 42. initials and last name, 43. initials and last name, 44. initials and last name, 45. initials and last name, 46. initials and last name, 47. initials and last name, 48. initials and last name, 49. initials and last name, 50. initials and last name, 51. initials and last name, 52. initials and last name, 53. initials and last name, 54. initials and last name, 55. initials and last name, 56. initials and last name, 57. initials and last name, 58. initials and last name, 59. initials and last name, 60. initials and last name, 61. initials and last name, 62. initials and last name, 63. initials and last name, 64. initials and last name, 65. initials and last name, 66. initials and last name, 67. initials and last name, 68. initials and last name, 69. initials and last name, 70. initials and last name, 71. initials and last name, 72. initials and last name, 73. initials and last name, 74. initials and last name, 75. initials and last name, 76. initials and last name, 77. initials and last name, 78. initials and last name, 79. initials and last name, 80. initials and last name, 81. initials and last name, 82. initials and last name, 83. initials and last name, 84. initials and last name, 85. initials and last name, 86. initials and last name, 87. initials and last name, 88. initials and last name, 89. initials and last name, 90. initials and last name, 91. initials and last name, 92. initials and last name, 93. initials and last name, 94. initials and last name, 95. initials and last name, 96. initials and last name, 97. initials and last name, 98. initials and last name, 99. initials and last name, 100. initials and last name.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MATTHEWS, MARLENE</b>	12 NAME	
STREET ADDRESS	<b>2856 N.W. 10TH AVENUE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>WILTON MANORS FL 33311</b>	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	21 TITLE	
NAME	<b>D MATTHEWS, WILFRED</b>	22 NAME	
STREET ADDRESS	<b>2856 N.W. 10TH AVENUE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>WILTON MANORS FL 33311</b>	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** *MARLENE MATTHEWS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96 305 968-2363

CR2E034 (3/96)