SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400003360 (2)

MARLENE'S TROPICAL WHOLESALE FLORIST, INC.

APPROVED

97 AUG -7 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business					Mailing Address				i jabrinas era jairi atati adili natit adili dalit adili adila ilian ilila dilit dali (bat
6057C N.W. 31ST AVE FORT LAUDERDALE FL 33309 US					6057C N.W. 31ST AVE FORT LAUDERDALE FL 33309 US				DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified 3a. Date of Last Report 01/13/1994 08/08/1996
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
			26					65-0407935 Not Applicable	
Sulte, Apt. #, etc.			27	 				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be	
23	Zip Country			28	Zip Country				Trust Fund Contribution
24	25 29			-42	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent							Γ.		10. Name and Address of New Registered Agent
	MAT	ITHEWS, A					81	Name	
2856 N.W. 10TH AVENUE						82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
WILTON MANORS FL 33311							83		Oreas (1.0. dox nomber is not Acceptable)
ĺ	-11	* 4					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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12		D	OFFICERS AND	DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		_	WS, MARLENE		☐ DELETE	1.1 T			L Change L Addition
DOSO ALIAL ANTH ALITHUS			1.2 NAM						
	REET ADDRESS		MANORS FL 33311					ADDRESS	
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	1	-	WS, WILFRED		בש סנננונ	2.1 1			C cliarge C Addition
NAI	ì		W. 10TH AVENUE			2.2 N			
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	Y-ST-ZIP	• •					ITY-S		

14. I do hereby certify that the information supplied with this filing 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