## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000017798 (7)

FLOWERMAN OF MIAMI, INC.

**FILED** Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									1 18811881 111	D TMISS MEMBER MAINE MAIN	I WWFAU WWIWE UFU		101 1001 1001	
2836-C STIRLING ROAD HOLLYWOOD FL 33020 US 2836-C STIRLING ROAD HOLLYWOOD FL 33020 US							DO NOT WRITE IN THIS SPACE							
									3. Date Incorpo 02/28/19	orated or Qualifie	d			
2. Principal Place of Business 21				2a 26	2a. Mailing Address 26				4. FEI Number 65-0506885				plied For of Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5. Certificate of	Status Desired	12	\$8.75 A		
City & State				28	.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
_	Zip Country			-	Z <sub>i</sub> p Country				8. This corporation owes or has paid the current year Intangible					
24		1	25	29	Accord Accord	30				perty Tax due Ju			J No	
	DATE			f Current Regi	10. Name and Address of New Registered Agent									
PATERNO, ANTHONY								81 Name Francise Paterno						
2836-C STIRLING ROAD HOLLYWOOD FL 33020					82 Street Add			Address	ess (P.O. Box Number is Not Acceptable).					
HOLLI WOOD FL 33020							83	<u> </u>		7718-11	ון שני	u.		
							24 07		V .		3 30 - 3		0.00	
							84 City	10]]A	<b>lycocyl</b>		FL	.  °`  <i>33</i>	රීඨ්ග 🛚	
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 typed or printed nerice of registered agent and title if applicable (NOTE: Registered Agent signature required when reinsteting) DATE														
12.			OFFIC	ERS AND DIRE			13.	<del></del> ÷		HANGES TO OF	FICERS AN			
TITLE		PATEDA	IO AAMUOAN	,	∐ D€		.1 TITLE	1 1	100	thonu Pa	terno	Change	Addition	
NAME			10, anthon'i Stirling RD				2 NAME	i .			Stieling	. Rd		
	T ADDRESS		WOOD FL				3 STREET ADORESS	PK	九二十二	Suran.	Ti	7,1		
CITY-	51-2iP	ST					.4 CITY-ST-ZIP 2.1 TITLE	444		Marris	<u> </u>	Change	Addition	
NAME		PATER	IO, FRANCINI	E	-		2 NAME	EQ.H	ncine Da	reeno a		_ •		
STREE	T ADDRESS	2836-C	STIRLING RD			2	3 STREET ADDRESS	28	36-65	tieling #	-01·			
CITY-	ST-ZIP	HOLLY	NOOD FL			2	2. 4 CITY-ST-ZIP	1140	luwood_	FL				
TITLE					☐ DE	LETE 3	1.1 TITLE	-	1.	7		☐ Change	Addition	
NAME							3.2 NAME							
	T ADDRESS						3.3 STREET ADDRESS							
	ST-ZIP				□ DE		3.4. CITY - ST - ZIP	<del> </del>			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE NAME							I.1 TITLE I. 2 NAME					Onlings	الاستان الم	
1	T ADDRESS						1.3 Street address							
	ST-ZIP						1.4 CITY-ST-ZIP							
TITLE				<del></del>	☐ DE		S 1 TITLE	1				Change	Addition	
NAME	- 1				<del></del>		5.2 NAME					-		
1	T ADDRESS						3.3 STREET ADDRESS							
1	ST-ZIP						5.4 CITY-ST-ZIP							
TITLE					Di		6.1 TITLE					Change	Addition	
NAME		•					5.2 NAME							
STREE	T ADDRESS						6.3 STREET ADDRESS							
CITY-	ST-ZIP						6.4 CITY - ST - ZIP	1						

14. I 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 trustoe 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.