

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000019401 (6)

1. Corporation Name
PETALS & PLANTS, INC.



Principal Place of Business
125 S INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

Mailing Address
125 S INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770-4018

3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3228084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 11324 102nd Ct. Suite, Apt. #, etc. 22 City & State Largo, FL Zip 33771 24 34648	2a. Mailing Address 26 11324 102nd Ct. Suite, Apt. #, etc. 27 City & State Largo, FL Zip 33771 29 34648	Country 25 USA 30 USA
--	---	-----------------------------

9. Name and Address of Current Registered Agent RISKOWITZ, SANDRA L 125 S INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 34640	10. Name and Address of New Registered Agent 81 Name Sandra L. Riskowitz 82 Street Address (P.O. Box Number is Not Acceptable) 11324 102nd Ct. 83 84 City Largo FL 85 Zip Code 33771 34648
---	---

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RISKOWITZ, SANDRA L		1.2 NAME Sandra L. Riskowitz	
STREET ADDRESS 125 S INDIAN ROCKS ROAD		1.3 STREET ADDRESS 11324 102nd Ct. 33771	
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640		1.4 CITY-ST-ZIP Largo, FL 34648	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Sandra L. Riskowitz 4-5-97 813 397 7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)