FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031662 (7)

1. Corporation Name
ROSEBUD'S FLORIST, INC.

Principal Place of Business
13116 N DALE MABRY HWY
TAMPA FL 33618

Mailing Address
13116 N DALE MABRY HWY
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:

4. FEI Number: [X] 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. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 % WALTER SANDERS
Suite, Apt #, etc 22	Suite, Apt #, etc 27 13910 N DALE MABRY HWY
City & State 23	City & State 28 SUITE ONE
Zip 24 Country 25 US	Zip 29 33618 Country 30 US

9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 EHRLICH RD
BLDG 107 SUITE B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: SANDERS WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 13910 N DALE MABRY HWY
83 SUITE ONE
84 City: TAMPA FL 85 Zip Code: 33618

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] 3/20/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	TRIBA, JOHN
STREET ADDRESS	11930 DIETZ DR
CITY ST ZIP	TAMPA FL 33626
TITLE	D
NAME	TRIBA, HELEN
STREET ADDRESS	11930 DIETZ DR
CITY ST ZIP	TAMPA FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(sections 1–6: Title, Name, Street Address, City St Zip; [ ] Change [ ] Addition — all blank)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JOHN TRIBA 03-01-95 813-960-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200733 CP