

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000047101 (8)
1. Corporation Name

96 AUG 27 AM 11:57



TROPICAL GARDENS FLORIST, INC.

Principal Place of Business Mailing Address
2671 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308 2671 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

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

3. Date Incorporated or Qualified 06/23/1994 3a. Date of Last Report 08/31/1995
4. FEI Number 65-0500740 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 Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BURKE, WILLIAM P
2671 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

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 Signature of principal officer or registered agent and the applicable (Date) Registered Agent Signature (Date)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE
NAME BURKE, WILLIAM P
STREET ADDRESS 4163 SW 67TH AVE. #110C
CITY-ST-ZIP DAVIE FL 33314
TITLE V DELETE
NAME RODGERS, DAVID E
STREET ADDRESS 510 NE 58TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
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TITLE DELETE
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TITLE DELETE
NAME
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CITY-ST-ZIP
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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: David Rodgers V-PRES 8-23-96 (9512351-0040)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR