FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000051631 (7) DOCUMENT #
1. Corporation Name

FLOWERS IN A FLASH WORLDWIDE, INC.



Principal Place of Business Mailing Address						a füßtiläßt dim imitt gibit dötti m	iali marsi maini niii		10 III III III III
4933 E COLO ORLANDO FL	=		ORLANDO FL 32803						
ONDANDO FE	. 52005					3. Date Incorporated or Qualified 07/08/1994	3a. Date o	f Last Re /01/19	
2. Principal Plac	e of Business	2a, Mailing Address				4. FEI Number			Applied For
21	,	26				59-3254565			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							Required
City & State		City & State	<u>├</u>			6. Election Campaign Financing Trust Fund Contribution			May Be
23		28		untor		This corporation has liability for	intennible tay		
Zφ ∷a	Country	2ip 29	30	untry			s 🖺 No	3110010	100.002,
24	25 g. Name and Address of Curren			1		10. Name and Address of New	Registered Ag	ent	
				81	Name				
COTTUR	EB & GOTTLIEB PA			82	Ctroot Add	ess (P.O. Box Number is Not Accepta	ble)		
	ITERPRISE ROAD SUITE 100		82 Street Ad			ess (F.O. DOX NOTTIBET IS NOT ACCOUNT			
	VATER FL 34623			83					
OLLAIN	MIENTE O TOCO			64	City			85 Zi	p Code
				1 1	•	ration submits this statement for the proof of directors. I have by account the an	FL	'	•
	Signature, typed or printed name of registered agen OFFICERS AN	nt and title Lapplicable (I	NOTE · Registere		t signature require	d when ministating ADDITIONS/CHANGES TO OF	DATE FICERS AND E	DIRECTO	ORS IN 12
12.	D	DELETE		TITLE				Change	☐ Addition
NAME	CAMACHO, HENRY		1.2	NAME					
STREET ADDRESS	4933 E COLONIAL DR		1.3	STREET	ADORESS				
CITY-S*-ZIP	ORLANDO FL 32803		1.4	CITY-S	T-ZIP				- Addition
INTE	D	DELETE	2 1	TOTLE			L.	Change	Addition
NAME	CAMACHO, GLORIA M			NAME					
STREET ADDRESS	4933 E COLONIAL DR				ADDRESS				
CITY -ST - ZIP	ORLANDO FL 32803	DELETE		CITY-S	11 - ZIP			Change	Addition
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CITY-ST-ZIP				CITY-S				<u>-</u>	
TIFLE		DELETE	4 1	TITLE) Change	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	ST-ZIP] Change	[] Addition
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NAME				NAME	7. ADEDICO				
STREET ADDRESS					T ADDRESS				
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TIFE		[Dett it		NAME	1		_	-	-
NAME CARGO ADDRESS			1		I ADDRESS				
STREET ADDRESS CITY - ST - ZIP				CITY-:	1				
1 CHY-S1-7P									

14. Ido 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407.898-1808

CR2E034 (12/95)