

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:58

DOCUMENT # P94000060076 (4)

1. Corporation Name

WILDFLOWERS THE FLORIST, INC.

Principal Place of Business

3475 N COUNTRY CLUB DR
APT 106
N MIAMI FL 33180

Mailing Address

3475 N COUNTRY CLUB DR
APT 106
N MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 4302 Hollywood Blvd

2b. Mailing Address

26 4302 Hollywood Blvd.

4. FET Number

65-0512091

Applied For

Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Entered

☐

\$8.75 Additional
Fee Required

23 City & State

Hollywood FL

28 City & State

Hollywood, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33021

25 Country

U.S.A.

29 Zip

33021

30 Country

U.S.A.

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

MATRANGA, SCOTT M
8600 S AHERMAN CIR
APT 207
MIRAMAR FL 33025

MATRANGA, SCOTT M
8600 N Sherman Cir.
Apt 207
Miramar, Fl. 33025

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

Scott M Matranga

2-17-95

(NOTE: Registered Agent registration required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Scott MATRANGA
STREET ADDRESS 8600 N. SHERMAN CIR
CITY, ST, ZIP MIRAMAR, FL 33025

11 TITLE VICE PRESIDENT ☐ Change ☒ Addition
12 NAME BRIAN SMITH
13 STREET ADDRESS 3475 N COUNTRY CLUB DRIVE, Apt. 106
14 CITY, ST, ZIP North Miami, FL 33180

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 143.02(9)(a), Florida Statutes. Further, I certify that the information included 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 of changes, or on an attachment with an address.

SIGNATURE:

Scott M Matranga
Scott MATRANGA

2-17-95 (805) 766-8011