## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

97 SEP -9 AM 10: 27

CUCLIFICATION OF STATE



Zip Code

| DOCUMENT # P9400083519 (6) FIORELLI FOR FLOWERS, INC. |                             |                        |            |    |  | TALLAHASSEE, FLORII  | ĎA                      |
|---|-----------------------------|------------------------|------------|----|--|--|-------------------------|
| District B  |                             |                        |            |    |  |  |                         |
| Principal Place of Business                           |                             | Mailing Address        |            |    |  |  |                         |
| 2047 WILTON DR 2047 WILTON DR                         |                             |                        |            |    |  |  |                         |
| WILTON MANORS FL 33305                                |                             | WILTON MANORS FL 33305 |            |    |  | DO NOT WRITE IN THIS SPACE   |                         |
|   |                             |                        |            |    |  | 3. Date Incorporated or Qualified                                  | 3a. Date of Last Report |
|   |                             |                        |            |    |  | 11/16/1994   | 06/11/1996              |
| 2. Principal Place of Business                        |                             | 2a. Mailing Address    |            |    |  | 4. FEI Number  | Applied For             |
| 21  |                             | 26                     |            |    | ···  | 65-0535172   | Not Applicable          |
| Suite, Apt. #, etc.                                   |                             | Suite, Apt. #, etc. 27 |            |    |  | 5. Certificate of Status Desired                                   | See Required            |
| City & State  |                             | City & State           |            |    |  | 6. Election Campaign Financing                                     | \$5.00 May Be           |
| 23  |                             | 28                     |            |    |  | Trust Fund Contribution  | Added to Feet           |
| Zip<br>24   | Country 25                  | 7ip<br><b>29</b>       | Country 30 |    |  | This corporation owes or has pa     Personal Property Tax due June | — ' — ·                 |
|   | 9. Name and Address of Curr | ent Registered Agent   |            |    |  | 10. Name and Address of New Re                                     | gistered Agent          |
| /   | AMERILAWYER                 |                        |            | 81 | Name   |  |                         |
| 343 ALMERIA AVE<br>CORAL GABLES FL 33134              |                             |                        |            | 82 | 2 Street Address (P.O. Box Number is Not Acceptable) |  |                         |
| `   | AND TO 1 F AND TA           |                        |            | 83 | <del></del>  |  | <del></del>             |

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

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| 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE  |                        |                      |   |  |  |  |  |  |  |
| 12.   | OFFICERS AND DIRECTORS | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |  |  |  |
| TITLE   | P DELETE               | 1.1 TIYLE            | Change Addition                                   |  |  |  |  |  |  |
| NAME ,  | FIORELLI, ANTHONY      | 1.2 NAME             |   |  |  |  |  |  |  |
| STREET DODRESS  | 2047 WILTON DR         | 1.3 STREET ADDRESS   | 6000022911360<br>-09/11/9701123027                |  |  |  |  |  |  |
| CITY-ST-ZIP   | WILTON MANORS FL 33305 | 14 CHY-ST-ZIP        | ****165.00 ****165   0                            |  |  |  |  |  |  |
| TITLE   | ☐ DELETE               | 2 1 101LE            | Change Noddition                                  |  |  |  |  |  |  |
| NAME  |                        | 2.2 NAME             |   |  |  |  |  |  |  |
| STREET ADDRESS  |                        | 2.3 STREET ADDRESS   |   |  |  |  |  |  |  |
| CITY-ST-ZIP   |                        | 2. 4 CITY - ST - ZIP |   |  |  |  |  |  |  |
| TITLE   | DELETE                 | 3.1 TITLE            | ☐ Change ☐ Addition                               |  |  |  |  |  |  |
| NAME  |                        | 3.2 NAME             |   |  |  |  |  |  |  |
| STREET ADDRESS  |                        | 3.3 STREET ADDRESS   |   |  |  |  |  |  |  |
| CITY-ST-ZIP   |                        | 3 4. CITY - S1 - ZIP |   |  |  |  |  |  |  |
| TITLE   | DELETE                 | 4 1 1HLE             | ☐ Change ☐ Addition                               |  |  |  |  |  |  |
| NAME  |                        | 4. 2 NAME            |   |  |  |  |  |  |  |
| STREET ADDRESS  |                        | 4.3 STREET ADDRESS   |   |  |  |  |  |  |  |
| CITY-ST-ZIP   |                        | 4.4 CITY-ST-ZIP      |   |  |  |  |  |  |  |
| TITLE   | ☐ DELETE               | 5.1 TITLE            | Change Addition                                   |  |  |  |  |  |  |
| NAME  |                        | 5.2 NAME             |   |  |  |  |  |  |  |
| STREET ADDRESS  |                        | 5.3 STREET ADDRESS   |   |  |  |  |  |  |  |
| CITY-\$1-ZIP  |                        | 5.4 CITY-ST-ZIP      |   |  |  |  |  |  |  |
| TITLE   | DELETE                 | 6.1 MILE             | Change Addition                                   |  |  |  |  |  |  |
| NAME  |                        | 6.2 NAME             | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \             |  |  |  |  |  |  |
| STREET ADDRESS  |                        | 6.3 STREET ADDRESS   | 9-11-97   |  |  |  |  |  |  |

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 tile 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.

(2)

Fiorelli For Flowers 2047 Wilton Drive Wilton Manors FL 33305 Ph. 954-564-5585

Florida Department Of State Sandra B. Mortham Secretary Of State

Division Of Corporations PO Box 6327 Tallahassee FL 32314

Dear Mrs. Mortham:

I received a 2nd notice of 1997 Florida Profit Corporation Annual Report in the mail. I am not sure of the exact date as I was away from my business for most of July(family emergency). I am writing because I had never received the first notice. I called the number on the front of the packet and spoke with Cheryl Coulliecce who advised me to write you with my dilemma. While speaking to her she asked how long I had been in business and was I not aware of the yearly fee. My answer to that is I have been in business since November of 1994, I had at that time a bookkeeper to handle my affairs. He has since moved and I have not yet found a replacement. I have also lost my accountant to cancer. I know this is not your problem, but I can assure you that had I received the first notice, It would have been paid by the due date. I am asking you to please accept my check for \$165.00. I am a small businessman, I pay my bills on time because I simply can not afford the cost of late fees. This extra \$400.00 is my rent for one month. If you would please consider my request, I would be eternally grateful.

Thank you for your consideration.

Respectfully,

Anthony Fiorelli