

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010173 (9)

1. Corporation Name

AN EXCEPTIONAL FLORIST, INC.



Principal Place of Business

Mailing Address

~~401 S. PINEAPPLE AVENUE~~
SARASOTA FL 34236

~~401 S. PINEAPPLE AVENUE~~
SARASOTA FL 34236

405 S. Pineapple Ave.

405 S. Pineapple Ave.

2. Principal Place of Business

21 405 S. Pineapple Ave.

2a. Mailing Address

26 405 S. Pineapple Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL.

City & State

28 Sarasota, FL.

Zip

24 34236

Country

25 Sarasota

Zip

29 34236

Country

30 Sarasota

9. Name and Address of Current Registered Agent

MENZE, PAUL R

401 S. PINEAPPLE AVENUE 405 S. Pineapple Ave.
SARASOTA FL 34236

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

2/3/95

4. FEI Number

65-0554555

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

10. Name and Address of New Registered Agent

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

Paul R. Menze

PAUL R. MENZE

4/23/96

Signature, typed or printed name of registered agent, and date of signature

Typed or printed name of registered agent, and date of signature

Date

12. OFFICERS AND DIRECTORS

TITLE President
NAME PAUL R. MENZE
STREET ADDRESS 405 S. Pineapple Ave.
CITY-ST-ZIP Sarasota, FL. 34236

DELETE

TITLE Vice President
NAME Bobbie J. McClure
STREET ADDRESS 405 S. Pineapple Ave.
CITY-ST-ZIP Sarasota, FL. 34236

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Paul R. Menze PAUL R. MENZE

4/23/96 957-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)