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
1330

DOCUMENT # P95000015923 (2) 1. Corporation Name					
CALIFORNIA POPPY, INC.					
Principal Place of Business	Mailing Address				
1609 16TH WAY WEST PALM BEACH FL	1609 16TH WAY West Palm Beach Fl				
2. Principal Place of Business	2a. Mailing Address				
21 2100 457# STREET Suite, Apt. #, etc.	Suite, Apt. #, etc.				

22 JUCTE \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees B. This corporation has liability for intangible tax under s 199.032, Country Zip Yes No 9. Name and Address of Current Registered Agent 30 Florida Statutes 10. Name and Address of New Registered Agent 81 Name BRUMM, KEITH F Street Address (P.O. Box Number is Not Acceptable) 82 5700 LAKE WORTH ROAD, STE. 209-2 83 LAKE WORTH FL 33463 85 Zip Code 84 City

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, typed or printed name of registered agent and title if applicate	ole. (NOTE: Re	gistered Agent signature requi	red when reinstating)	DATE:		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1. 1 TITLE		Change	☐ Addition	
NAME	NICHOLSON, HILLARY A		1.2 NAME				
STREET ADDRESS	1609 16TH WAY		1 3 STREET ADDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL		1.4 CITY - \$1 - ZIP				
TITLE	D	DELETE .	2. 1 TITLE		Change	☐ Addition	
NAME	ROBERTSON, HAVERLY		2 2 NAME				
STREET ADDRESS	208 SPARROW DR., APT. 4		2.3 STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY - ST - ZIP				
TITLE		DELETE	3 1 TITLE		☐ Change	☐ Addition	
NAME			32 NAME				
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-S1-ZIP			3.4 CITY - ST - ZIP			F 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TiTLE		DELETE	4. 1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP			200 A 1 101	
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Addition	
NAM8			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP		F3.06	C Addition	
TITLE		DELETE	6 1 TITLE		☐ Change	☐ Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY OF 710			6.4 CITY - ST - ZIP				

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;

April 12/1996 (407)863 4200

3. Date Incorporated or Qualified 3a. Date of Last Report

02/24/1995 4. FEI Number

5. Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

Fee Required