

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 # P95000018791 (0)

1. Corporation Name
FLOWER BOX U.S.A., INC.



Principal Place of Business: 7380 SAND LAKE ROAD SUITE 500 ORLANDO FL 32819
Mailing Address: 7380 SAND LAKE ROAD SUITE 500 ORLANDO FL 32819

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report: 3-4-96
4. FEI Number: 59-3361733
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

2. Principal Place of Business: 21 902 LEE ROAD SUITE 22 ORLANDO
22a. Mailing Address: 26 902 LEE ROAD SUITE 22 ORLANDO FL
23. City & State: 23 ORLANDO FL
24. Zip: 24 32810 25. Country: 25 USA
27. City & State: 27 ORLANDO FL
28. City & State: 28 ORLANDO FL
29. Zip: 29 32810 30. Country: 30 USA

9. Name and Address of Current Registered Agent
IOZIA, LYNNE
7380 SAND LAKE ROAD
SUITE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name: MARIA THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 1000 DOUGLAS AVE. APT 6
83 CAMERON VILLAS
84 City: ATAMONTE SPRINGS ORLANDO FL 85 Zip Code: 32714

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: *M Thomas* Date: 5-22-96

12. OFFICERS AND DIRECTORS
TITLE: PRESIDENT
NAME: VANESSA LLOYD
STREET ADDRESS: 18. FORGE Rd PORT-TALBOT
CITY-ST-ZIP: WEST GLAMORGAN, S. WALES UK
TITLE: OFFICER
NAME: MARIA THOMAS
STREET ADDRESS: 1000 DOUGLAS AVE. ATAMONTE SPR
CITY-ST-ZIP: ORLANDO 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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: *x [Signature]* Date: 4-2-96 407-628-2960

CR2E034 (12/95)