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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000023999 (2)**

1. Corporation Name
A FLORAL AFFAIR, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE SUITE 49 FT. MYERS FL 33907	12734 KENWOOD LANE SUITE 49 FT. MYERS FL 33907

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report:

4. FEI Number: 65-0564903 — 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

2. Principal Place of Business	2a. Mailing Address
21 1874 N. Tamiami Tr.	26 1874 N. Tamiami Tr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. Ft. Myers Fla	City & State 28 N. Ft. Myers Fla
Zip 24 33917 Country 25 Lee	Zip 29 33917 Country 30 Lee

9. Name and Address of Current Registered Agent

WALLACE, GARY F C.P.A.
12734 KENWOOD LANE
SUITE 49
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: DeAnne Gattery
82 Street Address (P.O. Box Number is Not Acceptable): 1851 E. Violet Rd
83
84 City: Ft Myers 33 FL 85 Zip Code: 33912

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: DeAnne Gattery — DATE: 4/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, NANCY 1548 LINHART AVENUE FT. MYERS FL 33901 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President- Butler Nancy 1520 Brewers Rd N. Ft. Myers Fla 33917 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VITIELLO, AMILCARE 1714 S.E. 39TH STREET CAPE CORAL FL 33904 ☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(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 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: Nancy K. Butler — 3/18/96 — 941-997-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)