

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029656 (2)

1. Corporation Name

A&M FLOWERS, INC.



Principal Place of Business

804 PITCH APPLE LANE
NAPLES FL 33963

Mailing Address

804 PITCH APPLE LANE
NAPLES FL 33963

2. Principal Place of Business

21 1951 PINE RIDGE RD

Suite, Apt. #, etc.

22 1 Unit 104

City & State

23 NAPLES FL

Zip

24 33942 25 Collier

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29 Country

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

First

4. FEI Number

65-0636104

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

9. Name and Address of Current Registered Agent

PREVITI, PETER
5825 SUNSET DRIVE
SUITE 210
MIAMI FL 33143

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. Thereby 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 the filer, if applicable.

Signature, typed or printed name, of filer, if not the registered agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP/S/T	☐ DELETE
NAME	ALBERICI, ADOLPH	
STREET ADDRESS	804 PITCH APPLE LANE	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D/P	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP/S/T	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	☐ Change ☒ Addition
2.2 NAME	MARGARET ALBERICI	
2.3 STREET ADDRESS	804 PITCH APPLE LN	
2.4 CITY-ST-ZIP	NAPLES, FL 33963	
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:

Adolph Alberici
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 941 591 3595
DATE DAY/MONTH/YEAR

CR2E034 (12/95)