

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 JUL 31 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058713 (5)

1. Corporation Name
ECUADORIAN FLOWER EXPRESS, INC.



Principal Place of Business

2725 HANSEN ST.
FT. MYERS FL 33901

Mailing Address

2725 HANSEN ST.
FT. MYERS FL 33901-7411

3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 2161 McGregor Boulevard

22 Suite, Apt. #, etc.
Suite F

23 City & State
Fort Myers, FL

24 Zip
33901

2a. Mailing Address

26 2161 McGregor Boulevard

27 Suite, Apt. #, etc.
Suite F

28 City & State
Fort Myers, FL

29 Zip
33901

4. FEI Number

65-0616489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ZIPPERER, JOHN O JR.
2725 HANSEN ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2161 McGregor Boulevard

83 Suite F

84 City
Fort Myers

FL

85 Zip Code
33901

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 applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ZIPPERER, JOHN O JR.
STREET ADDRESS
2725 HANSEN ST.
CITY-ST-ZIP
FT. MYERS FL 33901

TITLE ☐ DELETE

NAME
ZIPPERER, JOHN O III
STREET ADDRESS
2725 HANSEN ST.
CITY-ST-ZIP
FT. MYERS FL 33901

TITLE ☐ 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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
2161 McGregor Boulevard, Suite F
1.4 CITY-ST-ZIP
Fort Myers, FL 33901

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2161 McGregor Boulevard, Suite F
2.4 CITY-ST-ZIP
Fort Myers, FL 33901

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 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

[Signature]

CR2E034 (9/96)