


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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063889 (6)

1. Corporation Name

FLOWERS BY MARY G., INC.



Principal Place of Business 12425 BEACON TREE WAY ORLANDO FL 32837	Mailing Address 12425 BEACON TREE WAY ORLANDO FL 32837-6583
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2. Principal Place of Business 21 12425 Beacon tree way Suite, Apt. #, etc. 22 City & State 23 Orlando FL 32837 24 Zip 25 Country	2a. Mailing Address 26 The same as above 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 08/17/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR 59-3441040	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARDONIO, ANA M 12425 BEACON TREE WAY ORLANDO FL 32837	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDONIO, ANA M	1.2 NAME	
STREET ADDRESS	12425 BEACON TREE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDONIO, ANA M	2.2 NAME	
STREET ADDRESS	12425 BEACON TREE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *ANA M GARDONIO* DATE: *06/18/97* 402 430 0573

CR2E034 (9/96)