## 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

DOCUN 1, Corporation	MENT # <b>P96000</b>	023752 (4)				
SAVAGE THE FLOWER, INC.  Principal Place of Business Mailing Address  901 PENNSYLVANIA AVE #1 901 PENNSYLVANIA						
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139-5431				
				3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Repor	rt
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applie	ed For
21		26		65-0657169	·	oplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	□ \$8.75 Addi	
City & State		City & State			Fee Requir	
23]		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	
Zip	Country	Zıp	Country	8. This corporation has liability for in	ntangible tak under s. 199	
24	25	29	30		Yes V No	
NO	9. Name and Address of Curren	t Hegisteren Agent	81 Name	10. Name and Address of New Re-	Jistered Agens	
	DAVID PENNSYLVANIA AVE #9			20 C Day No. how to New Accordate	1 - Y	
MIAMI BEACH FL 33139			82 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
***** #.	III <b>V</b> W W W W W W W W W W W W W W W W W W W		83			
	•		84 City		85 Zip Code	iA
	007000				FL	
11. Pursuant to office or re agent. Lar	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiār with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Florida	3s, the above-named corputation is above-named corporation of the c	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its regit the appointment as regi	gistered istered
SIGNATURE	garper construction (see a construction of the second construction of the s					
12.	Signature Typed or printed name of registered ager OFFICERS AND		E: Registered Agent signature requi-	ired when reinstalling) ADDITIONS/CHANGES TO OFFIC	PATE PERS AND DIRECTORS IN	1 12
TITLE		DELETE	1.1 TifLE   P	1		Addition
NAME			1.2 NAME	LYID NO		
STREET ADDRESS				29 W 42 87 #9W	-1 400	
CITY-ST-ZIP		- I DOLETO		iem louk ul 10030	,-6220	1
THEF		☐ DELETE	21 TITLE		Change C	_ Addition
NAME STORET ANODESS			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS   CITY+ST+ZIP			2.4 CITY-ST-ZIP	•		
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			ŀ
STREET ADDRESS			3.3 STREET ADDRESS			
City-St-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIF TITLE		DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE		Change	Addition
NAME		<u></u> Desc. c	5.2 NAME		First According to	J /100
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIF			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	İ		6.3 STREET ADDRESS			
CITY+S1-ZIP			6.4 CITY+ST-ZIP		·····	
information Lam an of	on indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and accurate and that rered to execute this report	d in Section 119.07(3)(i), Florida Statutes at my signature shall have the same lega art as required by Chapter 607, Florida S	l effect as if made under	oath; that
appears in	TEDIOCK 12 OF BIOCK TO IT CHANGED, OF	on an allachment with an auc	11638.			l.

URE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

305-674-9946

**FILED** 

Mar 28 1997 8:00am

Secretary of State