

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

FILED

**Jun 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000024132 (8)

1. Corporation Name
PORTFOLIO FLOWERS, INC.



Principal Place of Business
**3175 GREEN DOLPHIN LANE
NAPLES FL 33940**

Mailing Address
**3175 GREEN DOLPHIN LANE
NAPLES FL 34102-7915**

3. Date Incorporated or Qualified
03/18/1996

3a. Date of Last Report

2. Principal Place of Business
21 Portfolio

2a. Mailing Address
26 Portfolio

22 Suite, Apt. #, etc.
360 12th AVES

27 Suite, Apt. #, etc.
360 12th AVES.

23 City & State
Naples Florida

28 City & State
Naples Florida

24 Zip
34102

25 Country
USA

29 Zip
34102

30 Country
USA

4. FEI Number
65-0658163

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
**SEXTON, DAVID N ESQUIRE
C/O BOND, SCHOENECK AND KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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. 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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, TOMMY H	
STREET ADDRESS	3175 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORREST, EDWARD HOWARD	
STREET ADDRESS	3175 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	360 12th Ave S	
1.4 CITY-ST-ZIP	NAPLES, Florida 34102	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	360 12th Ave S	
2.4 CITY-ST-ZIP	NAPLES, Florida 34102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (9/96)