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Jun 16 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 # P96000024768 (9)
1. Corporation Name
BEAUTIFUL BOUQUET FLORIST, INC.



Principal Place of Business: 1603 GEORGIA ST SE SUITE B PALM BAY FL 32909
Mailing Address: 1603 GEORGIA ST SE SUITE B PALM BAY FL 32907-2569

3. Date Incorporated or Qualified: 03/13/1996
3a. Date of Last Report

2. Principal Place of Business: 1332 MALABAR Rd SE
2a. Mailing Address: 1332 MALABAR Rd SE
21. Suite, Apt. #, etc.
22. City & State: Palm Bay FL
23. Zip: 32909 Country: BREVED
24. Zip: 32909 Country: BREVED

4. FEI Number: 59-336674Y
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: GOLDMAN, MITCHELL S 1603 GEORGIA ST SE SUITE B PALM BAY FL 32909

10. Name and Address of New Registered Agent: JOANNE KELLEY 1332 MALABAR Rd SE PALM BAY FL 32909

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: Joanne Kelley DATE: 4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	KELLEY, JOANNE F	1.2 NAME	
STREET ADDRESS	1603 GEORGIA ST SE SUITE B - 1332 MALABAR Rd SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: JOANNE KELLEY DATE: 4-28-97 407 957-4600

CR2E034 (9/96)