

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000026454 (4)**

1. Corporation Name
FLOWERS ALOHA, INC.



Principal Place of Business 1580 E SEMERON AVE SUITE 180 FERN PARK FL 32730	Mailing Address 1580 E SEMERON AVE SUITE 180 FERN PARK FL 32730-2064
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3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
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2. Principal Place of Business 21 995 NORTH SR 434 Suite, Apt. #, etc.	2a. Mailing Address 26 596 ESTATES PLACE Suite, Apt. #, etc.
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4. FEI Number 59-3371646	Applied For <input type="checkbox"/> Not Applicable
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22 SUITE 2720	27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 ALTAMONTE SPRINGS, FL	28 LONGWOOD, FL
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 32714	25 USA	29 32779	30 USA
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**JORDAN, CHRIS
596 ESTATE PL
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent	
81 Name ROBERT L. WITTEKIND	
82 Street Address (P.O. Box Number is Not Acceptable) 596 ESTATES PLACE	
83	
84 City LONGWOOD	85 Zip Code FL 32779

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 *Robert L. Wittekind* **ROBERT L. WITTEKIND, PRESIDENT** **4/19/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JORDAN, CHRIS
STREET ADDRESS	596 ESTATE PL
CITY-ST-ZIP	LONGWOOD FL 32779
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	
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	P/T ROBERT L. WITTEKIND
1.3 STREET ADDRESS	596 ESTATES PLACE
1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V KIMBERLY A. WITTEKIND
2.3 STREET ADDRESS	596 ESTATES PLACE
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S MARJORIE R. WITTEKIND
3.3 STREET ADDRESS	596 ESTATES PLACE
3.4 CITY-ST-ZIP	LONGWOOD, FL 32779
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.

SIGNATURE *Robert L. Wittekind* **ROBERT L. WITTEKIND** **4/19/97 (407)774-7556**

CR2E034 (9/96)