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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000034246 (4)

FLOWERS BY ELLEN OF SOUTH FLORIDA, INC.

Principal Plac	ce of Business	Mailing Address	Mailing Address							
1241 CORDOVA ROAD		•	1241 CORDOVA ROAD							
	RDALE FL 33316	FORT LAUDERDALE FL 3	3316-2107							
		Ť				3. Date Incorporated or Qualified 04/16/1996	3a. Da	ate of Las	t Report	
2. Principal Piace of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
Cuite And # etc		26 Suite Ant 4 ste							Not Applicable	
Suite, Apt #, etc 22 City & Stale		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	lang ( hang "		y		B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ☐ Yes ☐ No				
24	25 9. Name and Address of Curre	29 29 Agent	30			Florida Statutes  10. Name and Address of New Reg				
RF	CHMAN, LEWIS	Togota of Agott	8	1 1	Name	IV. Hallo silu Address Ul Hew No	11910100	Agent		
	1 CORDOVA ROAD		90 5		On 1 1 1 1 1	(0.0.0			<del></del>	
ľ	RT LAUDERDALE FL 33316		82 Street Add		street Addres	ss (P.O. Box Number is Not Acceptab	e)			
			8:	3		, , , , , , , , , , , , , , , , , , , ,		<del></del>		
			8-	4 (	City		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	tes, the abo	ve-n	amed corpor	ration submits this statement for the pr	irpose of	changing	g its registered	
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, FI	orida Statuti	29 ti 38.	ie corporation	n's board of directors. I hereby accep	т те арр	omunent	as registered	
SIGNATURE	Stignature Typed or perchasinarea of registered ac	···								
12.		ND DIRECTORS (NO:	13.	gent s	ignature required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECT	OPS IN 12	
1:11.6	P	DELETE	11 TITLE			TIBOTTO TO TO TO TO		Chang		
NAME	REICHMAN, LEWIS		12 NAME					_ •		
SPREET ADDRESS	1241 CORDOVA ROAD		13 STREE	T ADI	DRESS				l	
CITY - ST - 20F	FORT LAUDERDALE FL 33310		1.4 DITY-	S1-Z	1P					
1111.6	ST COLLEGE	☐ DELETE	. 21 TUTLE					Chang	pe 🔲 Addition	
NAME	CLEETON, COLLEEN		1	2 2 NAME					l	
STREET ADORESS	1241 CORDOVA ROAD FORT LAUDERDALE FL 33316			2.3 STREET ADDRESS						
CHIY-ST ZIF	FORT LAUDENDALE PL 333 II	DELETE	2.4 CITY 3.1 TITLE	- 51 - 7	ZIP			Change	e Addition	
NAME			3.1 IFILE					LI CHANG	e L. ADUNIUN	
STREET ADDRESS			3.3 STREE		DRESS					
CHY-ST-ZIP			3.4. CITY							
TITLE		☐ DELETÉ	4.1 TITLE			**************************************		☐ Change	e Addition	
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STREE	TADI	DRESS					
C:TY-ST-ZiP			4.4 CITY-	ST-Z	IP .					
TITLE		DELETE	5.1 TITLE					Changi	e 🔲 Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE							
CCTY - ST - ZIP TITLE		DELETE	5.4 CITY-	ST-Z	IP .			[ ] Char-	A Addresia	
NAVE		רו מברבינ	6.1 TITLE					Change	e L_ Addition	
			6.2 NAME		phree				ļ	
STREET ADDRESS			6.3 STREE	I ADI	JKESS					

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/92 (954)763-4040.

**FILED** 

Mar 05 1997 8:00am

Secretary of State