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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000079989 (5)

FLOWERS DIRECT 2U, INC.

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Principal Place of Business Mailing Address						1 (000.00% tie 1010 etiti entit éditi éditi éditi 1646-1614 (016 1911 (01)		
904 CENTER RD FT MYERS FL 33907		304 CENTER FT MYERS I	RD FL 33907-1513					
						3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last	Report
	lace of Business	2a. Mailing	Address			4. FEI Number	Α	pplied For
21		26				65 - 0700015 Not Applicable		
Sulte, Apt.	#, €IC.	<u></u> 3	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 City & State		27	State					tequired
23	e	} <b>1</b>	City & State			6. Election Campaign Financing		May Be
Zip	Country	[28]   Zro	Z(p Country			Trust Fund Contribution		
24	25	29		30	•	· · · · · · · · · · · · · · · · · · ·	Yes No	s. 199.032,
	9. Name and Address of Curre		jent	1001		10. Name and Address of New Reg		
ZAV	ADA, RANDAL J	·-····		81	Name			<del></del> .
304	CENTER RD			82	Ctrool Ado	dress (P.O. Box Number is Not Acceptable	۵۱	<u> </u>
	IYERS FL 33907			UZ.	alleet Auc	ress (F.O. box Nortiber is Not Acceptable	U)	
•				83	1			
				84	City		lot l Zio	Code
11. Pursuant i office or ri agent. I a	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, e of Florida Such gations of, Section	Florida Statut change was a 607.0505, Flo	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing the appointment a	its registered s registered
SIGNATURE	Signature, typod or printed name of registered as		W1/27			lired when reinstating)		
12.	<del></del>	VD DIRECTORS	i (MCI)	13.	ent aignature raqu	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	BS INL12
TITLE	D	A SECTION AND A SECTION ASSESSMENT	DELETE	1.UTITLE	T	7105111011070117110101101	Change	Addition
NAME	ZAVADA, RANDAL J			1.2 NAME				
STREET ADDRESS	304 CENTER RD			1.8 STREE	AOORESS			
CITY-ST-ZIP	FT MYERS FL 33907			1.4 CITY-	ST - ZIP			
TITLE	D		DELETE	2.1 11TLF			Change	Addition
NAME	ZAVADA, LORA J			2.2 NAME				
STREET ADDRESS	304 CENTER RD			2.3 STREE	ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33907			2.4 CITY-	\$1 - 7IP			
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.9 STREE	ADDRESS			
CITY-ST-ZIP				34. CRY-	ST-ZIP			
TITLE		[	DELETE	4 1 THILE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4 3 STREE	ADDRESS			
CITY-ST-ZIP			DELET:	4.4 CITY-5	ST - 7/P			
TITLE		·	DELETE	5.1 1ITLE			L_ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5 9 S1 HEE	ì			
CITY-ST-ZIP TITLE			DELETE	5.4 C(1Y-5	SI - ZIP		Charac	
NAME		ι	DITCHE	6.1 TITLE			☐ Change	Addition
				6 2 NAME	10000000			
STREET ADDRESS				6.8 STREET	1			
14. I do beret	ov cartify that the information surveil	ed with this filing o	does not oustil	64 City-S		d in Section 119.07(3)(i), Florida Statutes	I further contifu the	t the
informatio	in indicated on this annual report or	supplemental and or the receiver or t	iual report is ti rustee empow	rue and acc ered to exec	urate and tha	at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made ur	nder oath: that