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FILED

Feb 03 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 # P96000083909 (7)

1. Corporation Name  
FLEURS, FLOWERS & FLORES, INC.

Principal Place of Business

125 WORTH AVENUE  
SUITE 318  
PALM BEACH FL 33480

Mailing Address

125 WORTH AVENUE  
SUITE 318  
PALM BEACH FL 33480-4488



3. Date Incorporated or Qualified  
10/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 1235 ALTON RD.

Suite, Apt. #, etc.

2a. Mailing Address

26 1235 ALTON ROAD

Suite, Apt. #, etc.

4. FEI Number

65-0699809

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 ☐

City & State

23 MIAMI BEACH, FL.

Zip

24 33139

Country  
USA

City & State

28 MIAMI BEACH, FL.

Zip

29 33139

Country  
USA

9. Name and Address of Current Registered Agent

DYKE, JAMES T  
125 WORTH AVENUE  
SUITE 318  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name ROBERT P. FINCH  
82 Street Address (P.O. Box Number is Not Acceptable)  
1235 ALTON ROAD  
83  
84 City MIAMI BEACH, FL 85 Zip Code 33139

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

Signature (Typed or Printed Name of Registered Agent and Title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME DYKE, HELEN P  
STREET ADDRESS 125 WORTH AVENUE, #318  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☒ DELETE  
NAME DYKE, JAMES T  
STREET ADDRESS 125 WORTH AVENUE, #318  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME ROBERT P. FINCH  
1.3 STREET ADDRESS 1235 ALTON ROAD  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 P. FINCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 531-5600

Date

Daytime Phone

CR2E034 (9/96)