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May 14 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 # P96000096151 (1)

1. Corporation Name

ARSCOTTS FLORAL DESIGNS & WEDDING CONSULTANTS, I
NC.



Principal Place of Business

1430 SW 87TH TERRACE
PEMBROKE PINES FL 33025

Mailing Address

1430 SW 87TH TERRACE
PEMBROKE PINES FL 33025-3300

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

NONE

4. FEI Number

65-0713481

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

2. Principal Place of Business

21 3160 So. University DR

2a. Mailing Address

26 Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIRAMAR, FL

City & State

Zip

24 33025

Country

Zip

Country

9. Name and Address of Current Registered Agent

MCGOWAN-ARSCOTT, VANDELIN
1430 SW 87TH TERRACE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCGOWMAN-ARSCOTT, VANDELIN
STREET ADDRESS 1430 SW 87TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE

NAME ARSCOTT, ROBERT
STREET ADDRESS 1430 SW 87TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE

NAME BLACK, DAEMON
STREET ADDRESS 1430 SW 87TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE

NAME JOHNSON, LATRICIA
STREET ADDRESS 1430 SW 87TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE

NAME BLOCK, JODY
STREET ADDRESS 1430 SW 87TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: V. Vandelin McGowan-Arscott 11/25/97 954 4324845

CR2E034 (9/96)