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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

· 1997

DOCUMENT # P96000098930 (6)

SORENSEN FLOWERS, INC.

		•							
Principal Place of Business Mailing Address						-	HI 0040 IDIO	) <b>                                     </b>	
433 25TH STREI WEST PALM BE		433 25TH STREET WEST PALM BEACH FL 3340	7-5407						
						3. Date Incorporated or Qualified 12/05/1996	3a. [	Date of Last R	eport
<del></del> -	lace of Business	<sub>1</sub>	2a. Mailing Address			4. FEI Number 65-0718548	Applied For		
21 Suite Ant	# atc	Suite Ant # etc	Suite, Apt. #, etc.			65-0118378		\$8.75 A	of Applicable
Suite, Apt. #, etc.		27	}¬ '			5. Certificate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	<u> </u>
23		28	28			Trust Fund Contribution		Added 1	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	_	_	199.032
24	25		30]			Florida Statutes	Yes Yes		
MAN	9, Name and Address of Curr	ent negistereti Agent		81	Name .	10. Name and Address of New	<del></del>	Agent	
	MAN, CHARLES O FENWICK PLACE				LUR	RT13 G. SORENSEI		<del></del>	
	NTON BEACH FL 33462		8			ddress (P.O. Box Number is Not Acceptable)			
0011	HIGH DENOTITE GOTOE			83	-7-12	2. 27. 7746			<del></del>
								10-1 -	<del> </del>
				84	GREE	ENACRES	Fl	85 Zip (	Codo 463
11. Pursuant i office or ri agent. I a	to the provisions of Sections 607.0 egistered agent, or both in the Stem familiar with, and account the obline familiar with a second section of the section of the second section of the sect	ite of Florida. Such change was au ligations of, Section 607,0505, Flori	ithori <b>ze</b> ida Stat	d by utes	e-named corp the corporati 3.	oration submits this statement for th ion's board of directors. I hereby ac	e purpose opent the ap	of changing it pointment as	s registered registered
		· · · · · · · · · · · · · · · · · · ·		λge	nt signature requir	ed when reinstating)	DATE		
12.	, OFFICERS A	AND DIRECTORS	13.	 11 [	0	ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
NAME	·	בן הנונים	1.2 NA		- P	3,T,D		□1 outsubc	ET MODITION
STREET ADORESS					AUDRESS 42	URTIS G. SORENSEN 215 S. STTH AVE	#B		
CITY-ST-ZIP			1		1-7IP <b>G</b>	REGNALRES, FL 3	#B 3463	,	
TALE	- 127.H	☐ DELETE	2.1 ]1		···			Change	Addition
NAME			2.2 N/	<b>AME</b>					
STREET ADDRESS			2351	REET	ADDRESS				
CITY-ST-ZIP		and the second s	2.4.C	(1Y-S	ST - 7(P				
TITLE		☐ DETE1€	3111					Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELFIE	3.4. C 4.1 11		ST - ZIP	יים ויים יים יים אומים אומים אומים אומים ביותר מיים ביותר איים איים איים ביים אומים איים יים יים איים איים איים		Change	Addition
NAME		F-1 D(() IL	4. C II					LI Onange	La rigation
STREET ADDRESS					ADDRESS				
CITY-SY-ZIP					T-7IP				
TITLE		DELETE	5.1 10			novina i si si si i i i i i i i i i i i i i i		Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.8 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	<u>17 - S</u>	1-2(P				
TITLE		DELETE	6.1 71	11.5				☐ Change	Addition
NAME			6. <b>?</b> N	AME					
STREET ADDRESS			6.8 S	REET	ADDRESS				
CITY-ST-ZIP			6.4 C						
information information information information in a series in a s	by certify that the information support indicated on this annual report of the corporation in Block 12 or Block 13 if manager	ilied with this filling does not qualify in supplemental annual report is tru for the reserver or trustee empowe , or on an all schment with an addr	ior the le and a red to e ess.	exe accu accu	imption stated urate and that oute this repor	d in Section 119.07(3)(i), Florida Stat I my signature shall have the same le It as required by Chapter 607, Florid	utes. I turth egal effect a Statutes;	er certify that as if made un and that my r	tne der oath; that name