

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 12 PH 2: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S02725 (7)

1. Corporation Name

~~MIRAMAR CITY FLORIST, INC~~

A. MIRAMAR CITY FLORIST INC

Principal Place of Business 6600 PEMBROKE RD PEMBROKE PINES FL 33023 US

Mailing Address 6600 PEMBROKE RD PEMBROKE PINES FL 33023 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/26/1990

3a. Date of Last Report 04/21/1994

4. FEI Number 65-0224899

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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Country

Zip Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTARO, ROGER 6675 PEMBROKE ROAD PEMBROKE PINES FL 33023

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 re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D NAME PORTARO, ROGER STREET ADDRESS 6732 CAMELIA DRIVE CITY - ST - ZIP MIRAMAR FL

1 1 TITLE Change Addition 12 NAME 300001458313 13 STREET ADDRESS -04/13/95--01017--001 14 CITY - ST - ZIP ****200.00 ****200.00

TITLE NAME STREET ADDRESS CITY - ST - ZIP

2 1 TITLE Change Addition 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

3 1 TITLE Change Addition 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

4 1 TITLE Change Addition 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

5 1 TITLE Change Addition 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: ROGER PORTARO

3/24/95

305-987-7189

LW 4-12-95