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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Addition of Exercises  Mailting Address  SEX PLABBOKE RD  PEUBROKE PINES FL 3023  3. Date inconvented or Qualiford  4. PEN Martie  5. Confidence of Status Desired  5. Confidence of Sta	DOTATARO ROCER 607 PEMBROKE PINES FL 30023  2. Mailing Address  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/20/1890  3. Date thicopociated of Outsfeed Se. Date of Leaf Report 09/20/20/20/20/20/20/20/20/20/20/20/20/20/	A. MIR	Name AMAR CITY FLORIST, II	NC.							
PEUBROKE PINES FL 3022    S	PEMBROKE PINES FL 30023  PEMBROKE PINES FL 30023  3. Date Procrossated of Objected Sa. Date of Leaf Report Obj?26/1990  3. Date Procrossated of Objected Sa. Date of Leaf Report Obj?26/1990  4. FEN Ambiers Acquired The objected Salars Desired School Salars Desired	cipal Place c	of Business	Mailing Address					FAIO IIONI AIII 010		011 01011 DIVIT 1 <b>4</b> 0
3. Date Nocoprosted of Cuarlifold  Op/26/1990  Applied of Business  2a. Mailing Addross  2b. Mailing Addross  2c.	3. Date Processing of Country 28. Mailing Address 9 28. Section 9 29. Section 9 29. Section 9 29. Section 9 29. Section 6 29.	PEMBROKE I		PEMBROKE PINES FL	. 33023						
Substantive	SURD, Apl. 8, etc.    26	JS		US					lified 3a. D		•
Suite, April #1, etc.    Suite, April #1, etc.   27	Subst. April #, effc.    27   Subst. April #, effc.   27   Subst. April #, effc.   28   Subst. April #, effc.   29   Subst. April #, effc.   29   Subst. April #, effc.   20   Subst. April #,	rincipal Plac	ce of Business	—							
Country   ZP   Country   ZP   Country   B. This deposits about 55.00 May 90   Added to Fees   S.00 May 10   Added to Fees	The Required Page 1	suite, Apt. #,	etc.	Suite, Apt. #, etc.					ed 🗍	\$8.7	5 Additional
Country   Zp   Country   Zp   Country   R. This corporation has lability for intengible tax under in 199 O32,   Florida Statutes   State   No   Name and Address of Current Registered Agent	Country   Zn   Country   R. This corporation is a liability for intergible lax under is 199.032, points statutes   Street   No. Name and Address of Current Registered Agent   10. Name and Address of New Registered	Jily & State	<u> </u>	City & State	<del></del>		<del></del>		ing	\$5.0	May Be
9. Name and Address of Current Registered Agent  PORTARO, ROGER 6875 PEMBROKE ROAD PEMBROKE PINES FL 33023  83  64 Only FL 85 Zop Code President to the provisions of Sections 607,0502 and 807,1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida Such change was sufficiently by the corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida Such change was sufficiently by the corporation's board of directors. I hereby accept the appointment as registered agent, I am family with addition of the purpose of changing its registered of or registered agent, and accept the objection of Sociolo Rosing was sufficiently by the corporation's board of directors. I hereby accept the appointment as registered agent, I am family with addition of the purpose of changing its registered agent, I am family with a statement for the purpose of changing its registered agent. I am family with a statement for the purpose of changing its registered agent. I am family with a statement for the purpose of changing its registered agent. I am family with a statement for the purpose of changing its registered agent. I am family with a statement for the purpose of changing its registered agent. I am family with a statement for the purpose of changing its registered agent. I am family with a statement family and accept and of directors. I hereby accept the appointment as registered agent. I am family with a statement family and accept and agent a	9. Name and Address of Current Registered Agent  PORTARO, ROGER 6675 FEMBROKE ROAD PEMBROKE PINES FL 33023  64 Oity FL 85 Zep Code  **Unstaint to the provisions of Sections 607,0502 and 607,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the Statut of Florida-Such change was authorized by the corporation's board of directors. I hereby accept the eligiblition of Section 70,0506, Florida Statutes.  ALURE  **PORTARO, ROGER 678 CAMELIA DRIVE  **PORTARO, ROGER 679 CAMELIA DRIVE  **P	<b>'</b> IŞ3	— ´	Zip	<b>—</b>	intry		8. This corporation has liabil	ty for intangible		
PORTARO, ROGER 6875 PEMBROKE ROAD PEMBROKE PINES FL 33023  83  64  City  FL  So  Other provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its registered digent, or both, in the State of Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its registered digent. I am familiar with, and accept the obligations of, Section 607 0505, Provide Statutes.  NATURE  Spullar stade on the Park of Implicating and each text Statutes.  NATURE  OFFICERS AND DIRECTORS  13. MODIFIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  DELETE  1 TITLE  1 TITLE  2 TAME  1 STREET ADDRESS  ST. 79  DELETE  2 TITLE  3 TITLE  3 TITLE  3 TITLE  4 TITLE  5 TITL	PORTARO, ROGER 6675 PENBROKE ROAD PEMBROKE PINES FL 33023  68  69  60  60  60  60  60  60  60  60  60				[30]	Ι				ed Agent	
B83 PEMBROKE ROAD PEMBROKE PINES FL 33023  83   Dity   FL   S Zip Code  Furnation: to the provisions of Sections 607 0507 and 607 1506. Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its registered agent. I and fairnise with, and accept the obligations of, Section 607 0505, Provida Statutes.  NATURE.    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 mit.   PORTARO, ROGER   1.2 mit.   1.1 mit.   PORTARO, ROGER   1.2 mit.   1.3 mit.   1.2 mit.   1.3 mit.   1.4 mi	B3   B3					81	Name		<del>-</del>	<del></del>	
PEMBROKE PINES FL 33023    83	PEMBROKE PINES FL 33023    63					82	Street A	ddress (P.O. Box Number is Not Ac	ceptable)		
Fundament 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 agent. I amendar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I amendar with, and accept the obligations of, Section 607.0505, Florida Statutes.  VALUEE    Payabra   Section 507.0505, Florida Statutes   Payabra   Payabra	Unsuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent. I are registered a					83		· · · · · · · · · · · · · · · · · · ·	<del></del>		
Fundant to the provisions of Sections 607 2607 and 607 2508. Evoids Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered off creditions of part of both in the State of French statutes are all the corporation of the Statutes. The individual part is the flag statute. The state of French statutes are stated as a state of the corporation of the	Invested to the provisions of Sections 607 0502 and 607 1500. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered of an opposition with, and accept the obligations of, Section 607 0505, Florida Statutes  ATURE    DELETE   PORTARO, ROGER					84	City			85 Z	ip Code
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 objection of 57,0505, holida Statutes.  NATURE  System Sycolope and fairly registered agent and the lightwark. PROTE Registered Agent signature required when remaining.  Defere 11 think 12 Addition	in 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 régistered sigent. I aminifice with, and accept the obligations of, Section 607.0505, Plonds Statutes  ATURE  System food or pin fed name of registered agent and the flark state.  POTE Registered agent agent are required registered agent and the flark state.  POTE Registered agent agent are required registered agent and the flark state.  POTE Registered agent ag	Pursuant to	the provisions of Sections 607.0	502 and 607.1508. Florida Statute	es, the abo	DVE-D	amed cor	rooration submits this statement for t		<b>-</b> 1	registered offic
2   NAME   2   STREET ADDRESS   3   STREET ADDRES	2 NAME 2 STREET ADDRESS 51-7/P DELETE 3 1 TITLE 3 NAME ADDRESS 52 7/P 3 4 CITY-ST-2/P DELETE 4 1 TITLE Change Addition Addition ADDRESS 51 7/P ADDRESS 61 8/P ADDRESS 61 8/	ET ADDRESS	D Portaro, Roger 6732 Camelia Drive		1. 1 1 1.2 N	AME	ADDRESS -	4)		Change	DRS IN 12
2   NAME   2   STREET ADDRESS   3   STREET ADDRES	2 NAME 2 STREET ADDRESS 51-7/P DELETE 3 1 TITLE 3 NAME ADDRESS 52 7/P 3 4 CITY-ST-2/P DELETE 4 1 TITLE Change Addition Addition ADDRESS 51 7/P ADDRESS 61 8/P ADDRESS 61 8/	-\$*-7IP	MIRAMAR FL	CT DELETE			1 - ZIP	16m. fines, 1-11	7 7 70 2	□ Change	□ Addition
ST-ZIP    DELETE   3 1 TIFLE   Change   Addition	DELETE   24 CITY-ST-ZIP     DELETE   3 1 TITLE   Change   Addition     ADDRESS   3 3 STREET ADDRESS     5 ZIP   34 CITY-ST-ZIP     DELETE   4 1 TITLE   Change   Addition     ADDRESS   4 3 STREET ADDRESS     ADDRESS   4 4 CITY-ST-ZIP     DELETE   5 1 TITLE   Change   Addition     ADDRESS   5 3 STREET ADDRESS     ADDRESS   5 4 CITY-ST-ZIP     DELETE   5 1 TITLE   Change   Addition     ADDRESS   5 3 STREET ADDRESS     ADDRESS   5 4 CITY-ST-ZIP     DELETE   6 1 TITLE   Change   Addition     ADDRESS   6 3 STREET ADDRESS     ADDRESS   6 4 CITY-ST-ZIP     DELETE   6 1 TITLE   Change   Addition     Addition   Change   Addition     Addition   Change   Addition     ADDRESS   CHANGE   Change   Addition     ADDRESS   CHANGE   Change   Addition     Addition   Change   Change   Change   Change     Addition   Change   Change   Change   Change     Addition   C	:						·			
DELETE   3   TITLE   Change   Addition     32   NAME     33   STREET ADDRESS     34   CITY-ST-ZIP     DELETE   4.1   TITLE   Change   Addition     42   NAME     42   NAME     43   STREET ADDRESS     44   CITY-ST-ZIP     DELETE   5   TITLE   Change   Addition     52   NAME     53   STREET ADDRESS     54   CITY-ST-ZIP     DELETE   5   STREET ADDRESS     54   CITY-ST-ZIP     DELETE   6   TITLE   Change   Addition     52   NAME     54   CITY-ST-ZIP     DELETE   6   TITLE   Change   Addition     54   CITY-ST-ZIP     DELETE   6   TITLE   Change   Addition     54   CITY-ST-ZIP     DELETE   6   TITLE   Change   Addition     54   CITY-ST-ZIP     1   Coheroby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If further certify that the information indicated on Tits signature shall have the same legal effect as if made under certify that the information indicated on Tits signature shall have the same legal effect as if made under the same legal e	DELETE 3 1 TITLE 3.2 NAME  A2DRESS 3.3 STREET ADDRESS 3.4 CITY - ST-2IP  DELETE 4.1 TITLE 7.2 NAME  4.2 NAME 4.2 NAME  4.3 STREET ADDRESS 5.1 ZIP 7.2 NAME  4.4 CITY - ST-2IP 7.2 NAME  4.4 CITY - ST-2IP 7.3 NAME  4.4 CITY - ST-2IP 7.3 NAME  4.5 NAME 7.3 NA	FT ADDRESS			238	IREET /	address				
32 NAME 33 STREET ADDRESS S1 2P 34 CITY-S1-ZIP Change Addition ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1 ZIP ADD	ADDRESS 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP    OELETE	-ST-ZIP		€ DELETE			r- ZIP			Change	☐ Addition
SET ZIP	ADDRESS   DELETE   4.1 Title   Change   Addition     ADDRESS   A4.01Y-S1-ZIP     A4.01Y-S1-ZIP     ADDRESS   A4.01Y-S1-ZIP			<u></u>							
DELETE	DELETE   4.1 TITLE   Change   Addition   A	LI ADDRESS			3.3 5	STREET	ADDRESS				
42 NAME 4.3 STREET ADDRESS -S1-ZIP  DELETE 5 1 TITLE 52 NAME 52 NAME 52 NAME 52 NAME 51 ZIP DELETE 61 TITLE Change Addition 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 51-ZIP 1 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this simual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made unde	AZ NAME	\$1.70		CT DELETE			1 - ZIP			[] Change	☐ Addition
HADDRESS SI-ZIP  4.4 CITY-ST-ZIP  DELETE 5 1 TITLE 5 NAME 52 NAME 52 NAME 53 STREET ADDRESS 51 ZIP 54 CITY-ST-ZIP 61 TITLE 62 NAME 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 51-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 NAME 66 NAME 66 NAME 66 NAME 66 NAME 67 NAME 68 NAME 69 NAME 69 NAME 61 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 75 NAME 65 NAME 66 NAME 66 NAME 67 NAME 68 NAME 68 NAME 69 NAME 69 NAME 69 NAME 69 NAME 69 NAME 61 NAME 61 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	AACHESS SITZIP  AACHESS SITZIP  DELETE  DELETE  5 1 TITLE  5 2 NAME  5 2 NAME  5 3 STREET ADDRESS SITZIP  DELETE  6 1 TITLE  Change Addition  ADDRESS SITZIP  DELETE  6 3 STREET ADDRESS SITZIP  ADDRESS SITZIP  ADDRESS SITZIP  Change Addition  Change Addition  ADDRESS SITZIP  ADDRESS SIT									☐ Creatige	☐ Xuuttuii
DELETE 5 1 TITLE Change Addition 5 2 NAME 5 3 STREET ADDRESS S1 ZIP 54 CITY_ST_ZIP 54 CITY_ST_ZIP 61 TITLE Change Addition 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 51 ZIF 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this should report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made unde	DELETE 5 1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 ZIP 54 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition 62 NAME 62 NAME 63 STREET ADDRESS 61 - ZIP do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a inual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undoes this, trial I am an officer or director of the gurporation of the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	F LADURESS					ADDRESS	·			
52 NAME  53 STREET ADDRESS  S1 ZIP  DELETE  6 1 TITLE  62 NAME  62 NAME  63 STREET ADDRESS  51-ZIF  1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this should report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made unde	ADDRESS   52 NAME   53 STREET ADDRESS   54 CITY - ST - ZIP   54 CITY - ST - ZIP   Change   Addition   Additi	-S1-ZiP			4.4 0	ITY-SI	r-ZIP				
S1 ZIP  53 STREET ADDRESS  \$1 CITY_ST_ZIP  61 TITLE  62 NAME  62 NAME  63 STREET ADDRESS  \$1-ZIF  1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this should report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made unde	STADDRESS STATEST ADDRESS STAT			☐ DELETE	5 1 1	IITLE				Change	Addition Addition
ST ZIP  54 CITY-ST-ZIP  6 1 TITLE 62 NAME 62 NAME 63 STREET ADDRESS 51-ZIF 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this should report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under	ST ZIP  54 CITY-ST-ZIP  6 1 TIFLE 62 NAME 63 STREET ADDRESS 51-ZIP  do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a inual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undocath, trial I am an officer or director of the components of the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name										
DELETE 6 1 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS S1-2IF I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a mual report of supplience of a nound report is true and accurate and that my signature shall have the same legal effect as if made unde	DELETE 6 1 TITLE 62 NAME 63 STREET ADDRESS 61-7/IF do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a inual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undepend in an an officer or director of the corporation of the receive in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	LLADDRESS									
62 NAME 63 STREET ADDRESS S1-2IF 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a multi report of supplienting annual report is true and accurate and that my signature shall have the same legal effect as if made under	62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP do hereby certify that the information supplied with this filinguis voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a inual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undopath, trial I am an officer or director of the components of the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	ST ZIP		☐ DELETE			I - ZIP			Channe	☐ Addition
HADDRESS S1-ZIP  I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a must report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	63 STREET ADDRESS S1-ZIP 64 CITY-ST-ZIP do hereby certify that the information supplied with this filinguis voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a mula report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undepend in the properties of the pro			Бии						- Similar	
S1-ZIF  I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on an is a multi report or sulplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	61-ZIF  do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further sertify that the information indicated on this a houal report of sulplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undepath, that I am an officer or director of the corporation of the receiver it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						ADDRESS				
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a inual report or sulplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	do hereby certify that the information supplied with this filinguis voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this a inual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undepath; trust I am an officer or director of the corporation of the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						1				
	bath, triat I am an officer or director of the obspaciation of the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	I do hereby			ished and	does	not qual				
		oath; that I	am an officer or director of the of								