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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

S14418 **DOCUMENT #**

(5)

1. Corporation Name THE ROSE OF SHARON FLORIST, INC. Principal Place of Business Mailing Address 1201-A 34TH ST. NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713										
						Date Incorporated or Qualified 11/19/1990	3a. Date	of Last (\neg
2. Principal F	Place of Business	2a. Maining Address				4. FEI Number	U2	100/18	Applied For	
Suite, Apt	#. etc.	Suite And it oto	Suite, Apt. #, etc.			59-3036847			Not Applicabl	e
22		27	F^			5. Certificate of Status Desired		-	5 Additional	
City & Stat	te	City & State	Orty & State			6. Election Campaign Financing			Required	\dashv
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Ζιρ 24	Country 25	Zip)—···· 1	intry		8. This corporation has liability for it				\neg
<u> </u>	9. Name and Address of Curre	29 ent Registered Agent	30	Τ		Florida Statutes Yes				
				81	Name	10. Name and Address of New R	egistered A	gent		
	EL, DENNIS L.					// C 5				
	TH ST. NO.			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
SIPEI	ERSBURG FL 33713			83						-
				84	City			or 5	Van Carda	4
11. Pursuant	to the provisions of Spetions 607 050	00 500 000 1100 50 50 50		ll			FL		ip Code	
or registe	ered agent, or both, in the State of Flo rith, and accept the obligations of Sec	nda. Such change was autho	utes, the and rized by the c	ve-n torpo	amed corpo tration's boa	ration submits this statement for the purp rid of directors. I nereby accept the appo	ose of char	ging its	registered offic	æ
SIGNATURE	ing and accept the boligations or, Sec	лож остдоос, Florida Statut	es.			,		29.3.0.0	a agent. I zam	
	Signature, typed or protect name of regulars. Lagor		NÖËL ALIJARËEJ	Agenr	agout te regue	of wheel in restating in	 D4H			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12	_ k
TITUE NAME	MICHAEL, DENNIS L.	† 1 F					Change	Addition	15	
STREET ADDRESS	4700 C COGUINA KEY DR S	ξ F	1.2 No		Ì					2
CITY-ST-ZIP	ST. PETERSBURG FL	/-			ADDRESS					CB2F034 (12/95)
TITLE	V	[] DELETE	14 Ct 2 1 D		- 711			04		_ <u>j</u>
NAME	MICHAEL, JANET E.		22 N				L!	Change	Addition	٦
STREET ADDRESS	4700 C COGUINA KEY DR S	SE .			MODRESS.					
CITY-ST-ZIP	ST. PETERSBURG FL		2.4.01			•				
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NAME			3 2 NA	ΜĒ				•		
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CITY-ST ZIP		——————————————————————————————————————	3.4 CIT		-7 ₁ P				_	
NAME		☐ DELET€	4 1 1:1					Change	☐ Addition	
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NAME		_	5 2 NA				П	Change	Addition	
STREET ADDRESS					DDRESS					
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TITLE		☐ DELETE	6 1 117					Change	Addition	1
NAME			6.2 NAM	dέ			_	-		
STREET ADDRESS			6.3 STH	ELI AI	DDRESS					
CITY - ST - ZIP			6.4 CiT	r SI-	ZIF					

14. Ido hereby certify that the information supplied with this filing is vountarily 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 annual report or supplemental annual report is true and accurate and that my signature shall have true same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 2 or an attachment with an adaptes.

SIGNATURE:

SIGNATURE

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4/19/96 813-327-7113