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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$32077

(7)

LOVE'S FLOWER SHOP, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address					-{			
112 N. DIXIE		112 N DIXIE HWY.						
	BCH FL 33401		WEST PALM BCH FL 33401 US		1			
US		US			3. Date Incorporated or Qualified	2a Data of Lac	at Boood	
			3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1995					
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	<del>                                     </del>	Applied For	
1		26			65-0248605		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	Country	y	This corporation has liability for in Florida Statutes Yes	ntangible tax unde		
1	9. Name and Address of Curr	29 ent Registered Agent	30		10. Name and Address of New R			
	5. Hallo alla Adaloss of Call	ont registered Agent	81	Name	10, Italia ala ricerco di Italia	ogistoroo regent		
RAKER.	TODD A.			<u> </u>				
	ATURA ST		62	Street Addi	ress (P.O. Box Number is Not Acceptable	· <del>(</del> )		
	ALM BEACH FL 33401		83					
			84	City		los l	Zip Code	
			64	City		FL 85	zip Code	
or registere	o the provisions of Sections 607.05 of agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was autho-	rized by the con	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing i intment as registe	its registered offic ered agent. I am	
SIGNATURE	i, and accept the obligations of, oc	schort dor .0000, Horida Glatot	<b>c</b> o.					
JIONATONE _	Signature, typed or printed name of registered ag-	· · · · · · · · · · · · · · · · · · ·	NOTE: Registered Age	nt signature require		DATE		
2.	OFFICERS A	ND DIRECTORS	13.	····	ADDITIONS/CHANGES TO OFFI			
ITLE	BAKER, SHIRLEY B	☐ DELETE	1. 1 TITLE			☐ Chan	nge	
NAME	949 SUNSET RD		1.2 NAME					
TREET ADDRESS	WEST PALM BEACH FL			T ADDRESS				
ITY-ST-ZIP ITE	VST	DELETE	1.4 CITY- 2 1 TITLE			[ ] Chan	nge:	
IAME	BAKER, TODD A	beer/c	2.2 NAME				y. Discussion	
THEET ADDRESS	125 FIRST WAY			T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-					
ITLE		☐ DELETE	3. 1 TITLE	··· <del>···</del>		☐ Chan	nge: 🔲 Addition	
:AME			32 NAME					
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4 CITY -	ST-ZIP				
litt <del>!</del>		☐ DELETE	4. 1 TITLE			☐ Chan	nge: Addition	
AME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
ity-SI-ZiP		□ DELETE	4.4 CITY -	ST-ZIP		□ Char	Addison	
ITLE		☐ DELETE	5 1 TITLE			Chan	nge: Addition	
AME			5.2 NAME					
TREET ADDRESS				T ADDRESS				
DITY-ST-ZIP DITLE		DELETE	5.4 CITY - 6. 1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chan	nge: Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		- 1	6.4 CITY-	ST-ZIP				
14. I do hereby	certify that the information supplie	d vith his liling is voluntarily fu	rnished and do	es not qualify t	for the exemption stated in Section 119.	07(3)(k), Florida St	atutes. I further	
certify that oath; that I appears in	the information indicated on this ar am an officer or director of the cor Block 12 or Block 13 if I han he	ndual report or supplemental a poration of the receiver or trus r on an attachment with an ac	nnual report is tratee empowered dress.	ue and accure to execute th	for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chipter 607, Fk	same legal effect orida Statutes; an	as if made und that my name	