FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48548 (9)

1. Current Name
ANTHURIUMS, INC.

Principal Office
9431 ASHLEY DR
MIRAMAR FL 33025

Mailing Address
9431 ASHLEY DR
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/26/1991
3a. Date of Last Report: 05/01/1994

2. New Principal Address
21
Suite Apt. #
22
City & State
23
ZIP
24
County
25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
ZIP
29
County
30

4. FEI Number: 65-0262350 — 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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEAT, JOHN
9431 ASHLEY DR
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

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 607.0401 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	TITLE	☐ Change ☐ Addition
NAME	PEAT, JOHN	NAME	
STREET ADDRESS	9431 ASHLEY DR	STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL	CITY, ST, ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	PEAT, JOHN	NAME	
STREET ADDRESS	9431 ASHLEY DR	STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, if voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information delineated on the annual report or supplemental annual report is true and accurate and that the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: 4-29-95 305-432-0619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0007853 CP