

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:46

DOCUMENT # S78083 (0)

1. Corporation Name
DINAH'S FLORIST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2700 BAYSHORE BLVD. UNIT 9204 DUNEDIN FL 34698
Mailing Address: 2700 BAYSHORE BLVD. UNIT 9204 DUNEDIN FL 34698

3. Date incorporated or created 08/29/1991	3a. Date of Last Report 07/14/1994
4. FEI Number 59-3085136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has adopted the integrated reporting system of the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Previous Place of Business 21. 2700 Bayshore Blvd. State Apt. # or Unit # 22. Unit 9-204 City & State 23. Dunedin, FL	2a. Mailing Address 26. 2700 Bayshore Blvd. State Apt. # or Unit # 27. Unit 9-204 City & State 28. Dunedin, FL
24. 34698	25. Dunedin
29. 34698	30. Dunedin

9. Name and Address of Current Registered Agent
**HANCOCK, DIANNE M.
2700 BAYSHORE BLVD.
UNIT 9204
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

01. Name	
02. Street Address, P.O. Box Number or F.I.L. Acceptation	
03.	
04. City	FL
05. Zip Code	

11. Pursuant to the provisions of Sections 607.1902 and 607.1908, Florida Statutes, this duly organized 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 provisions of Sections 607.1902, Florida Statutes.

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
01. NAME HANCOCK, DIANNE M.	01. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
02. STREET ADDRESS 2700 BAYSHORE BLVD. #9204	02. STREET ADDRESS		
03. CITY DUNEDIN FL	03. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
04. NAME	04. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
05. STREET ADDRESS	05. STREET ADDRESS		
06. CITY	06. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
07. NAME	07. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
08. STREET ADDRESS	08. STREET ADDRESS		
09. CITY	09. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME	10. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS		
12. CITY	12. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is a true and correct copy of the information stated in the laws of the State of Florida. I further certify that the information submitted in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This information is for the use of the Department of State for the purpose of maintaining the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as the authorized signatory.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-27-95 (813) 789-9459