FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S98916 (7)

1. Corporation Name
THE PURPLE PETAL, INC.

Principal Place of Business
5930 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
5930 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
24 25

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

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0302978
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. Does corporation be liable for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MARKARIAN, DANIEL H.
5930 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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 Section [illegible] Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of record shall be identical to any such change within the corporate records. The addresses of directors and officers may be changed by filing a separate form. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARKARIAN, DANIEL H.
STREET ADDRESS	5930 ROYAL PALM BEACH
CITY ST ZIP	ROYAL PALM BCH FL
TITLE	D
NAME	MARKARIAN, LYNN E.
STREET ADDRESS	5930 ROYAL PALM BEACH
CITY ST ZIP	ROYAL PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing, to the extent it is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(o), Florida Statutes, I further certify that this information, indicated on this annual report or supplemental annual report, is true and accurate and that my 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 hereof or in an attached amendment with an address.

SIGNATURE: Lynn E. Markarian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
Date

(407) 795-1344
Daytime Phone #

0251422 CP