

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V00117 (4)

1. Corporation Name
PERRY'S FLORIST NORTH, INC.

Principal Place of Business

Mailing Address

18331 NW 7TH AVE
MIAMI FL 33169
US

18331 NW 7TH AVE.
MIAMI FL 33169



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1991	3a. Date of Last Report 02/13/1996
4. FEI Number 65-0322629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 18328 NW 7 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 18328 N.W. 7 Ave Suite, Apt. #, etc.
22 City & State 23 Miami, Fla Zip 24 33169	27 City & State 28 Miami, Fla Zip 29 33169
25 Country 25 Dade	30 Country 30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, WILLIE JR
18331 NW 7TH AVENUE
MIAMI FL

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, WILLIE, JR.	1.2 NAME	
STREET ADDRESS	18331 NW 7TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, WILLIE, JR.	2.2 NAME	
STREET ADDRESS	18331 NW 7TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, BRENDA	3.2 NAME	
STREET ADDRESS	18331 NW 7TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Brenda B. Perry 7-2597

CR2E034 (4/97)

APPROVED
AND
FILED

97 JUL 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA