

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V04682** (3)

1. Corporate Name
FLOWERS TO GO, INC.

Principal Name of Business: **315 COMMERCIAL STREET CASSELBERRY FL 32707**
Mailing Address: **315 COMMERCIAL STREET CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/03/1992** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **NOT APPLICABLE** 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**

7. This corporation is not listing the information required by Florida Statutes: Yes No

2. Principal Place of Business: 21 State: Apt. # etc: 22 City & State: 23
2a. Mailing Address: 26 State: Apt. # etc: 27 City & State: 28
24 City: 25 State: 29 City: 30 State:

9. Name and Address of Current Registered Agent
**ZJL, ADOLF
400 E. COLONIAL DR #1604
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Applicable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.1106, Florida Statutes, the above named corporation accepts 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 understand the obligations of a registered agent under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)	
1. NAME: DPST ZJL, ADOLF	2. STREET ADDRESS: 400 E. COLONIAL DR #1604	3. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY: ORLANDO FL	5. STATE: FL	6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	8. NAME:	9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	11. NAME:	12. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME:	14. NAME:	15. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME:	17. NAME:	18. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME:	20. NAME:	21. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	23. NAME:	24. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME:	26. NAME:	27. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME:	29. NAME:	30. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information appeared with this filing is substantially furnished and true, and equally for the requirements stated in law for this filing. I further certify that the information is submitted on the annual report of significant annual financial information and accurate and that my signature shall be a true and correct copy of the same as it appears on the original records of the corporation in the records of the Department of State. I am familiar with and understand the obligations of a registered agent under Florida Statutes, and that my name appears on the list of Florida's registered agents published with this notice.

SIGNATURE: *Adolf ZJL*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
4 28 '95
407-330-8400

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1995



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

APPROVED
AND
FILED

5/11/95 10:26
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05489 (2)**
MOBILE EXECUTIVE FORENSICS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2542 N FEDERAL HWY FT LAUDERDALE FL 33305**
Mailing Address: **3471 NO FEDERAL HIGHWAY STE 402-101 FT. LAUDERDALE FL 33306 US**

3. Date incorporated or Quantified: **01/08/1992**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-3107890**
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**
7. This corporation has elected not to exercise its option of Florida Statutes: Yes No

21. Principal Place of Business: **2542 N FEDERAL HWY FT LAUDERDALE FL 33305**
22. Mailing Address: **3471 NO FEDERAL HIGHWAY STE 402-101 FT. LAUDERDALE FL 33306 US**
23. City and State: **FT. LAUDERDALE FL**
24. State: **FL**

9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent

**KNICKERBOCKER, ROBERT C.
3471 N FEDERAL HIGHWAY
#402
FT. LAUDERDALE FL 33306**

81. Name: **KNICKERBOCKER, ROBERT C.**
82. Street Address (P.O. Box Number is Not Acceptable): **3471 N FEDERAL HIGHWAY #402**
83. City and State: **FT. LAUDERDALE FL**
84. City: **FT. LAUDERDALE**
85. Zip Code: **33306**

11. I, the undersigned, the president of the above corporation, hereby certify that the information furnished herein is true and correct, and that the corporation has complied with the provisions of the Florida Statutes. The undersigned hereby certifies that the corporation has complied with the provisions of the Florida Statutes. I hereby accept the appointment as registered agent of this corporation.

SIGNATURE: *[Signature]* 5/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS	
NAME AND ADDRESS		NAME AND ADDRESS	
1. NAME: D KNICKERBOCKER, ROBERT C	2. STREET ADDRESS: 3471 N FEDERAL HWY FT. LAUDERDALE FL	1. NAME:	2. STREET ADDRESS:
3. CITY AND STATE:	4. CITY AND STATE:	3. NAME:	4. STREET ADDRESS:
5. CITY AND STATE:	6. CITY AND STATE:	5. NAME:	6. STREET ADDRESS:
7. NAME:	8. STREET ADDRESS:	7. NAME:	8. STREET ADDRESS:
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19. NAME:	20. STREET ADDRESS:	19. NAME:	20. STREET ADDRESS:
21. CITY AND STATE:	22. CITY AND STATE:	21. NAME:	22. STREET ADDRESS:
23. NAME:	24. STREET ADDRESS:	23. NAME:	24. STREET ADDRESS:
25. CITY AND STATE:	26. CITY AND STATE:	25. NAME:	26. STREET ADDRESS:

14. I, the undersigned, certify that the information required with this filing is accurate, complete, and correct, and that the corporation has complied with the provisions of the Florida Statutes. I hereby certify that the corporation has complied with the provisions of the Florida Statutes. I hereby accept the appointment as registered agent of this corporation.

SIGNATURE: *[Signature]* 5/11/95 305-568-0907