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 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V17309** **(8)**

1. Corporation Name

MARGATE SCHOOL OF FLORAL DESIGN, INC.

Principal Place of Business	Mailing Address
1600 N.W. 33RD STREET LOT 16 POMPANO BEACH FL 33064	2428 S. STATE RD. 7 LOT 16 MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1992**

3a. Date of Last Report: **07/21/1994**

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | Zip — 29 | County — 30

4. FEI Number: **65-0329231** ☐ 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. The corporation desires to participate in Section 3, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'NEIL, DONNA SZCZEBAK, ESQ. **301 EAST COMMERCIAL BOULEVARD** **SUITE 205** **FT. LAUDERDALE FL 33334**	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 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (FILL IN)
01 PD 02 NAME BENI, EMANUEL 03 STREET ADDRESS 1600 N.W. 33RD ST., #106 04 CITY ST ZIP POMPANO BEACH FL	☐ Change ☐ Addition
05 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	☐ Change ☐ Addition
09 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	☐ Change ☐ Addition
13 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	☐ Change ☐ Addition
17 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	☐ Change ☐ Addition
21 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition

14. I declare, certify that the information supplied with this filing is voluntarily furnished and 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 be the same as required to be signed on any report filed with the Department of State; 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 above or on an attachment with an address.

SIGNATURE: Emanuel Beni (Pres.) 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date

0106939 CP