

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V33234 (8)

1. Corporation Name

AN ISLAND FLORIST, INC.

Principal Place of Business

3116 FLAGLER AVE
KEY WEST FL 33040

Mailing Address

3116 FLAGLER AVE
KEY WEST FL 33040

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

ROBERTS, MELINDA
5412 THIRD AVE
KEY WEST FL 33040

3. Date Incorporated or Qualified

04/30/1992

3a. Date of Last Report

08/14/1995

4. FEI Number

63-0330310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

A-24 7th Avenue
Key West

FL

85

Zip Code
33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 in this statement

(Initials) Registered Agent signature required when making change

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROBERTS, JUDITH NILES
5412 THIRD AVE
KEY WEST FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NILES, ANTHONY F.
2431 SEIDENBERG AVE
KEY WEST FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

PRESIDENT / DIR

☐ Change

☒ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

TREASURER / DIR

☐ Change

☒ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

SECRETARY / DIR
MELINDA ROBERTS
A-24 7th Avenue
Key West, FL 33040

☐ Change

☒ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/A
Director
96 305 2944215
SFE 5-1-96

CR2E034 (12/95)