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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V58195

(1)

Corporation Name

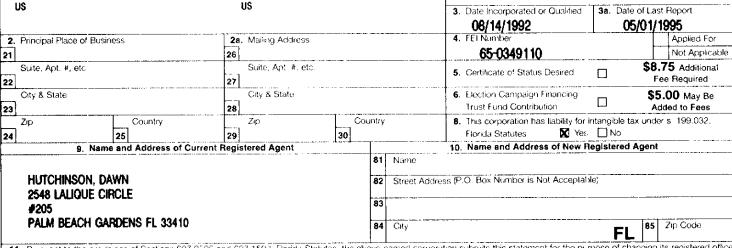
<b>FLORAL</b>	GARDENS	INC.
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Principal Place of Business
7100 FAIRWAY DR. #38

PALM BEACH GARDENS FL 33418

Mailing Address

7100 FAIRWAY DR., #38
PALM BEACH GARDENS FL 33418
115



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 Fiorida Statutes with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE Superine speed or production and of registery days to date diagrams of the first and the days and the days are the date of the first and the days are the first and the first					
12.	OFFICERS AND DIRECT		13.	ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1 1 THILE	☐ Change ☐ Addition	
NAME	HUTCHINSON, DAWN		1.2 NAME		
STREET ADDRESS	2548 LALIQUE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		14 CITY - SF-ZIP		
TITLE	V	DELETE	2.1 TILE	Crange Addition	
NAME	HUTCHINSON VANESSA		2.2 NAME		
STREET ADDRESS	8213 SE DOUBLETREE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		2.4.C(1) - ST - ZIP		
TITLE		DELETE	3 1 T-TLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4.CITY+S!+7iP		
THTLE		□ DECETE	4 1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 City - St - ZiP		
TITLE		□ DELFTE	5 1 Tiflef	☐ Change ☐ Addition	
NAME.			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		.,	5.4 CITY - ST - ZIF		
TITLE	1	☐ DELETE	6 1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS		0	6.3 STREET ADDRESS		

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 supplied ental 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 trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:** 

SIGNATURE AND THE OF PRINTED AME OF SIGNING OFFICER OF DIRECTOR

5/20/96 407 4325746

CR2E034 (12/95)