FILE NOW: FILING FEE AFTER MAY 1 IS \$550 0

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT DE STATE

Sandra B. Morteam

Secretary of Stars
DIVISION OF CORPORATIONS

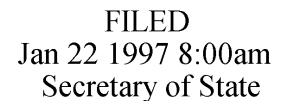
DOCUMENT # V58745

(3)

BUD'S FLORIST, INC.

Principal Place of Business

Mailing Address





1001 E LAS OLAS BLVD FT LAUDERDALE FL 33301 US		1001 E LAS OLAS BLVD FT LAUDERDALE FL 33301-2313 US							
					3. Date Incorporated or Qualified 08/19/1992 3a. Date of Last Report 03/15/1996				
2. Principal Pl 21	ace of Business	2a. Mailing Address 26	L *			4. FEI Number 65-0363558		1	oplied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional			
22		27	<u> </u>						equired
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z ₁ p	Country 25	Zip Country 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent		2 21		10. Name and Address of New Re	gistered /	igent	
	W KENNETH R			B1	Name				
	B SYCAMORE CT 1E FL 33328			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
5 111	12 1 2 000E0			83					
			}	84	City		FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607 1508, Florida State	utes, the at	oove	named cor	rporation submits this statement for the p	urpose of	changing i	ts registered
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, F	s authorized Florida Stati	d by utes.	the corpora	ation's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE	,								
	Signature, typed or printed name of registered as			1 Ager	t signature requ	uired when reinstating)	DATE	BIREATOR	
12.	PVT\$	ID DIRECTORS DELETE	13.	n c		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
TITLE NAME	SHAW, KENNETH R	טגננונ	1.1 111 1.2 NA					L Urange	Addition
STREET ADDRESS	9626 SYCAMORE CT				NDDRESS				
CITY-ST-ZIP	DAVIE FL		1.4 00		1				l
TITLE	W71710- 1 b	DELETE	21 10		-70			Change	Addition
NAME		Product - P	22 NA						,,,,,,,,
STREET ADDRESS					ADDRESS	·			
CITY-ST-ZIP			2 4 0		1				
TITLE		☐ DELETE	3.1 Til					Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET A	ADDRESS				
CHY-ST-ZP			3.4. CI	ITY-S	(-ZIP				
TITLE		DELETE	4.1 TtT	TLE.				Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			4.4 CH	TY-\$1	- ZIP			·	
THTLE		DELETE	5,1 7(1	TLE				Change	Addition
NAME			5.2 NA	ME.					
STREET ADORESS			5.3 ST	REET A	ADORESS				
CITY-ST-ZIP			5.4 CI		-ZiP			TT 6:	10000
TITLE		DELETE	6.1 TIT					Change	☐ Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 S T	REET /	address				
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP				

1. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. 1-15-9

954-761-553

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