

2520032544619

April 8, 1994

Office of Employment Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, DC 20216

Dear Mr. Secretary:

This corporation currently has an employee benefit plan primarily established and maintained for the purpose of providing a split-dollar insurance plan to a select group of highly compensated employees.

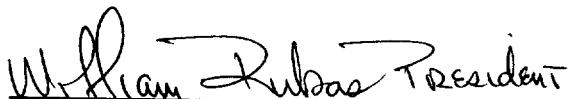
one employee participates in this plan.

The pertinent employer data is as follows:

Employer: Karin's Florist, Inc.
6201 Arlington Blvd
Falls Church, VA 22044
Telephone Number: 703-532-4141

Employer Identification Number: 54-0896798

This statement is filed under authority of Labor Regulations Section 2520.104-23.


William Dukas, President