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Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 014018 (6)

1. Corporation Name
MELROSE NURSERY, INC.

Principal Place of Business	Mailing Address
6972 W. 4 AVE. HIALEAH FL 33014	6972 W. 4 AVE. HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1924

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-0356195	☐ Applied For ☐ Not Applicable
21 26100 S. W. 112 Avenue	26 26100 S. W. 112 Avenue		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired XX	$8.75 Additional Fee Required
City & State 23 Homestead, Fla. 33032	City & State 28 Homestead, Fla.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33032 / Country 25 Dade	Zip 29 33032 / Country 30 Dade	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRITZ, JOHN CALVIN 10950 SW 27TH ST. DAVIE FL 33328	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 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOYCE W. FRITZ		1.2 NAME		
STREET ADDRESS	7540 W. 7 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRITZ, JEFFREY E		2.2 NAME		
STREET ADDRESS	775 W 75TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FRITZ, JACK S		3.2 NAME		
STREET ADDRESS	15790 SW 280TH ST		3.3 STREET ADDRESS	1026 Snapper Lane	
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP	Key Largo, Fla. 33037	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, JENNIFER J.		4.2 NAME		
STREET ADDRESS	14920 FOXHEATH DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRITZ, JOHN CLAVIN		5.2 NAME		
STREET ADDRESS	10950 SW 27 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: (Joyce W. Fritz, Sec.) SIGNATURE REQUIRED 1/14/98 (305) 258-3411