FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 503192

(7)

THE PLANT FARM, INC.

FILED Jan 23 1997 8:00am Secretary of State



					[[6] [6] [6] [6] [6] [6] [6] [6] [6] [
Principal Plac	S38 FRUITVILLE ROAD RASOTA FL 34240-8984 3. Date Incorporated of Rosniess		i radiai arat danas suso isala (1214)	nias didis dillis Billis Bells Atlas Billis 1881			
					3. Date Incorporated or Qualified		
'	Place of Business	2a. Mailing Address	***************************************		4. FEI Number	Applied Fo	
21		26			59-1667871	Not Applica	
Suite, Apt.		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additiona	
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability	for intangible tax under s. 199.032	
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Agent	
	HEN JR, MAX B		1	81 Name			
3333 CATTLEMEN ROAD			Ì	82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 33582					VALUE		
				84 City	And the second s	FL 85 Zip Code	
agent I a SIGNATURE	Signature typical or printed harder of registered ag				orporation submits this statement for it ration's board of directors. I hereby ac quired when reenstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	11717	LE		Change Add	
NAME	COHEN JR, MAX B.		1.2 NA	ME			
STREET ADDRESS	3333 CATTLEMEN ROAD		1.3 ST	REET ADDRESS			
CITY - ST - ZIP	SARASOTA FL		1.4 CH	Y-ST-ZIP			
TITLE	V	DELETE	2.1 111			Change Add	
NAME	TURNER, RICHARD		2.2 NA	ME			
STREET ADDRESS	5004 RIVERVIEW BLVD		2.3 ST	reet address			
CITY - ST - ZIP	SARASOTA FL		2. 4 CI	TY-ST-ZIP			
TITLE	\$	☐ DELETE	3.1 111	TE		Change Add	
NAME	MATTHEWS JR, LAMAR A.		3.2 NA	ME			
SYREET ADDRESS	4014 RED ROCK LANE			REET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	DELFTE		TY-ST-ZIP		Change	
TITLE		[] DELETE	4.1 10	.		Change Add	
NAME NAME			4.2 N/				
STREET ADDRESS				REET ADDRESS			
TITLE		DELETE	4.4 UII 5.1 TII	Y-ST-ZIP		Change Add	
NAME		had occur	5.2 NA			الماريس مورسات	
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	6.1 TiT	Y-ST-ZIP LE		☐ Change ☐ Ado	
NAME		pecell.	6.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-7IP				IY-ST-ZIP			

4. 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 13 or Block 13 if phanged, or gip an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR B. COHEN JR. 1-14-97 1-941-371-119