


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711242 (8)
1. Corporation Name
FLORIDA NURSERYMEN AND GROWERS ASSOCIATION, INC.



Principal Place of Business 5401 KIRKMAN RD STE 650 ORLANDO FL 32819 32819	Mailing Address 5401 KIRKMAN RD STE 650 ORLANDO FL 32819 32819-7991
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3. Date Incorporated or Qualified 07/22/1966	3a. Date of Last Report 03/07/1996
4. FEI Number 59-0702760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 22	2a. Mailing Address Suite, Apt. #, etc. 27
22. City & State 23	27. City & State 28
23. Zip Country 24 25	27. Zip Country 29 30

9. Name and Address of Current Registered Agent

WELLS, EARL
5401 KIRKMAN RD
SUITE #650
ORLANDO FL FL 32819

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAPIRO, ALAN		1.2 NAME	
STREET ADDRESS 15100 NW 32ND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Frazee, Lori	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUETZ, LORI		2.2 NAME	
STREET ADDRESS 1101 NE 15TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUELLER, RUSS		3.2 NAME	
STREET ADDRESS PO BOX 147 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLINGER, BILL		4.2 NAME	
STREET ADDRESS 1831 W. LAKE BRANTLEY RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUDSON, KIT		5.2 NAME Al Somoza	
STREET ADDRESS P. O. BOX 7209		5.3 STREET ADDRESS 1484 Keane Avenue SW	
CITY-ST-ZIP SUN CITY FL		5.4 CITY-ST-ZIP Naples FL 33964	
TITLE ST	<input type="checkbox"/> DELETE	6.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINORA, GEORGE		6.2 NAME	
STREET ADDRESS 34720 PROSPECT ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP DADE CITY FL 33525		6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

CR2E037 (9/96)