

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724557** (4)  
1. Corporation Name  
**GARDENS 101, INC. THE**



Principal Place of Business: **100 ASPEN CRCL. SEMINOLE FL 34647-0946**  
Mailing Address: **100 ASPEN CRCL. SEMINOLE FL 34647-0946**

3. Date Incorporated or Qualified: **10/17/1972**  
3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **59-1426381**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**SMITH, ORVILLE  
117 ASPEN CIR  
SEMINOLE FL 34647**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOY, ROBERT</b>
STREET ADDRESS	<b>202 ASPEN CIR</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SIMPSON, RAY</b>
STREET ADDRESS	<b>104 ASPEN CIRCLE</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MADENBERG, LENA</b>
STREET ADDRESS	<b>212 ASPEN</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANTORO, VINCENT</b>
STREET ADDRESS	<b>108 ASPEN CIR</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BELLMER, R.</b>
STREET ADDRESS	<b>105 ASPEN CIRCLE</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, O.</b>
STREET ADDRESS	<b>117 ASPEN CIRCLE</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Ray Simpson* **RAY SIMPSON** 1/31/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)