

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90197 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 724557**

1. Corporation Name

**GARDENS 101, INC. THE**

Principal Place of Business

**100 ASPEN CRCL**  
**SEMINOLE FL 33777**  
**US**

Mailing Address

**100 ASPEN CRCL**  
**SEMINOLE FL 33777**  
**US**


274291-90072-14

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		10/17/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1426381	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

**WEER, RALPH M**  
**104 ASPEN CIRCLE**  
**SEMINOLE FL 33777**

D.

*Betty Zurbrick, Pres. Treas.*

10. Name and Address of New Registered Agent

**BETTY ZURBRICK**  
**204 ASPEN CIRCLE**  
**SEMINOLE, FL 33777**

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEER, RALPH M			1.2 NAME	ZURBRICK, BETTY		
STREET ADDRESS	104 ASPEN CIR			1.3 STREET ADDRESS	204 ASPEN CIRCLE		
CITY-ST-ZIP	SEMINOLE FL			1.4 CITY-ST-ZIP	SEMINOLE, FL. 33777		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTCOTT, JAMES			2.2 NAME	BARON, SHIRLEY		
STREET ADDRESS	205 ASPEN CIR			2.3 STREET ADDRESS	118 ASPEN CIRCLE		
CITY-ST-ZIP	SEMINOLE, FL 00000			2.4 CITY-ST-ZIP	SEMINOLE, FL. 33777		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, MYRTLE			3.2 NAME	LEE BROWN		
STREET ADDRESS	118 ASPEN CIR			3.3 STREET ADDRESS	112 ASPEN CIRCLE		
CITY-ST-ZIP	SEMINOLE FL			3.4 CITY-ST-ZIP	SEMINOLE, FL. 33777		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALONE, PATRICIA			4.2 NAME	SPENCER, MYRTLE		
STREET ADDRESS	209 ASPEN CIR			4.3 STREET ADDRESS	116 ASPEN CIRCLE		
CITY-ST-ZIP	SEMINOLE FL			4.4 CITY-ST-ZIP	SEMINOLE, FL. 33777		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, KARI			5.2 NAME	WOODS, DOROTHY		
STREET ADDRESS	219 ASPEN CIR			5.3 STREET ADDRESS	110 ASPEN CIRCLE		
CITY-ST-ZIP	SEMINOLE, FL 00000			5.4 CITY-ST-ZIP	SEMINOLE, FL. 33777		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZURBRICK, BETTY			6.2 NAME	WITSCHER, TONI		
STREET ADDRESS	204 ASPEN CIR			6.3 STREET ADDRESS	206 ASPEN CIRCLE		
CITY-ST-ZIP	SEMINOLE FL			6.4 CITY-ST-ZIP	SEMINOLE, FL. 33777		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zurbrick, Betty* **1-699** **727 377-9278**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)