

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J24673 (2)**
1. Corporation Name
3-D TREES, INC.



Principal Place of Business
**RT 2, BOX 47A
C-74 LAKEPORT
MOORE HAVEN FL 33471**

Mailing Address
**RT 2, BOX 47A
C-74 LAKEPORT
MOORE HAVEN FL 33471**

3. Date Incorporated or Qualified **07/17/1986** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business
21 **3705 Old Lakeport Rd NW** 2a. Mailing Address **Same as 2**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State **Moore Haven, FL** 28 City & State
Zip **33471** Country 29 Zip Country 30
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

9. Name and Address of Current Registered Agent
**STRENGTH, IDA
~~ROUTE 2, C-74A
LAKEPORT
MOORE HAVEN FL 33471~~**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **3705 Old Lakeport Rd NW**
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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | SD | 1. 1 TITLE | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRENGTH, IDA | 1. 2 NAME | Strength, Ida |
| STREET ADDRESS | RT 2 BOX 47A | 1. 3 STREET ADDRESS | 3705 Old Lakeport Rd NW |
| CITY - ST - ZIP | MOORE HAVEN FL 33471 | 1. 4 CITY - ST - ZIP | Moore Haven, FL 33471 |
| TITLE | PD <input type="checkbox"/> DELETE | 2. 1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRENGTH, DONALD | 2. 2 NAME | Strength, Donald |
| STREET ADDRESS | RT. 2 BOX 47A | 2. 3 STREET ADDRESS | 3705 Old Lakeport Rd NW |
| CITY - ST - ZIP | MOORE HAVEN FL 33471 | 2. 4 CITY - ST - ZIP | Moore Haven, FL 33471 |
| TITLE | <input type="checkbox"/> DELETE | 3. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3. 2 NAME | |
| STREET ADDRESS | | 3. 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3. 4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4. 2 NAME | |
| STREET ADDRESS | | 4. 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4. 4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5. 2 NAME | |
| STREET ADDRESS | | 5. 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5. 4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. 2 NAME | |
| STREET ADDRESS | | 6. 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6. 4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ida Strength (Ida Strength) 4/16/96 (941) 946-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)