

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J24673 (2)**

1. Corporation Name  
**3-D TREES, INC.**



Principal Place of Business <b>3705 OLD LAKEPORT RD NW C-74 LAKEPORT MOORE HAVEN FL 33471 US</b>	Mailing Address <b>3705 OLD LAKEPORT RD NW C-74 LAKEPORT MOORE HAVEN FL 33471-8808 US</b>
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3. Date Incorporated or Qualified <b>07/17/1986</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business 21 <b>9600 Oak Tree Lane NW</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>9600 Oak Tree Lane NW</b> Suite, Apt. #, etc. 27
City & State 23 <b>Moore Haven, FL</b> Zip 24 <b>33471</b>	City & State 28 <b>Moore Haven, FL</b> Zip 29 <b>33471</b> Country 30 <b>US</b>

4. FEI Number <b>59-2700077</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STRENGTH, IDA  
3705 OLD LAKEPORT RD NW  
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)	
83	
84 City	<b>FL</b>
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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRENGTH, IDA</b>	
STREET ADDRESS	<b>3705 OLD LAKEPORT RD NW</b>	
CITY - ST - ZIP	<b>MOORE HAVEN FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRENGTH, DONALD</b>	
STREET ADDRESS	<b>3705 OLD LAKEPORT RD NW</b>	
CITY - ST - ZIP	<b>MOORE HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9600 Oak Tree Lane NW</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9600 Oak Tree Lane NW</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 4/21/97 941-946-7980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)