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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90065 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J84071**

1. Corporation Name
HERBONICS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 20025 S.W. 270TH ST
 HOMESTEAD FL 33031
 US

Mailing Address
 P.O. BOX 901506
 HOMESTEAD FL 33090-1506
 US

3. Date Incorporated or Qualified
07/15/1987

4. FEI Number
59-2830685

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

HANSON, CARL
 48 N.E. 15TH STREET
 HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
ABIGAIL WATTS-FITZGERALD, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
STEEL HECTOR & DAVIS

83 **200 SOUTH BISCAYNE BOULEVARD**

84 City **MIAMI** FL 85 Zip Code **33131**

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 *Abigail Watts-Fitzgerald* **ABIGAIL WATTS-FITZGERALD, P.A.** 4/13/99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ST. ANDRE, JERRY	
STREET ADDRESS	20025 SW 270 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MARJORIE	
STREET ADDRESS	20025 SW 270 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PTD	
1.3 STREET ADDRESS	BRIAN CADIEUX	
1.4 CITY-ST-ZIP	20025 SW 270 STREET	
2.1 TITLE	HOMESTEAD FL 33031	
2.2 NAME	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS	GOBIND SAHNEY	
2.4 CITY-ST-ZIP	20025 SW 270 STREET	
3.1 TITLE	HOMESTEAD FL 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D	
3.3 STREET ADDRESS	DAVID HUGHES	
3.4 CITY-ST-ZIP	20025 SW 270 STREET	
4.1 TITLE	HOMESTEAD FL 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D	
4.3 STREET ADDRESS	JOE CAMBI	
4.4 CITY-ST-ZIP	20025 S W 270 STREET	
5.1 TITLE	HOMESTEAD FL 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SVPD	
5.3 STREET ADDRESS	KENT HATTERY	
5.4 CITY-ST-ZIP	20025 SW 270 STREET	
6.1 TITLE	HOMESTEAD FL 33031	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, 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: *Abigail Watts-Fitzgerald* SIGNATURE REQUIRED 3/31/99 (305) 248-3125
 DATE DAYTIME PHONE #

CR2094-111981