

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K35289** (3)

1. Corporation Name
ALL GREEN NURSERY, INC.



Principal Place of Business: **229 NE 1ST ROAD HOMESTEAD FL 33030-6140**
Mailing Address: **229 NE 1ST ROAD HOMESTEAD FL 33030-6140**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1988	3a. Date of Last Report 04/11/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEL Number 65-0086989	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
STORN, ANTHONY I. 8803 S DIXIE HWY SUITE 302 MIAMI FL 33143				81	Name			BEN GILLER	
				82	Street Address (P.O. Box Number is Not Acceptable)			7300 N. KENDALL DR. #530	
				83					
				84	City	MIAMI	FL	FL	85

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: *Ben Giller* DATE: **4-3-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FALCONE, NICK		12 NAME				
STREET ADDRESS	229 NE 1ST ROAD		13 STREET ADDRESS				
CITY- ST- ZIP	HOMESTEAD FL		14 CITY- ST- ZIP				
TITLE	PST	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FALCONE, NICK		22 NAME				
STREET ADDRESS	229 NE 1ST ROAD		23 STREET ADDRESS				
CITY- ST- ZIP	HOMESTEAD FL		24 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY- ST- ZIP			34 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY- ST- ZIP			44 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY- ST- ZIP			54 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY- ST- ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nick Falcone* DATE: **4-3-96** (305) 245-2940

CR2E034 (12/95)