

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

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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 04/12/1996 |
| 21. State, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI 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 BEN GILLER 7300 N. KENDALL DR #530 MIAMI FL 33156 | | 10. Name and Address of New Registered Agent | |
| 81. Name | | | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALCONE, NICK | 1.2 NAME | |
| STREET ADDRESS | 229 NE 1ST ROAD | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | HOMESTEAD FL | 1.4 CITY-ST-ZIP | |
| TITLE | PST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALCONE, NICK | 2.2 NAME | |
| STREET ADDRESS | 229 NE 1ST ROAD | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | HOMESTEAD FL | 2.4 CITY-ST-ZIP | |
| 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 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 in an attachment with an address.

SIGNATURE: *Nick Falcone* **3-18-97** **3/3/97** **(305) 245-2940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)