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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N25664

1. Corporation Name
FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

Principal Place of Business: % F ALLEN DRAY JR, 3205 COLLEGE AVE, FT LAUDERDALE FL 33314 US
Mailing Address: C/O DAN THAYER, P.O. BOX 24680, WEST PALM BEACH FL 33416



2. Principal Place of Business (21-24) and Mailing Address (25-29) fields with handwritten entries for Dan Thayer, P.O. Box 24680, West Palm Beach, FL 33416, USA.
3. Date Incorporated or Qualified: 03/30/1988
4. FEI Number: 65-0140632
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: THAYER, DAN, 3301 GUN CLUB RD, WEST PALM BEACH FL 33406
10. Name and Address of New Registered Agent: Fields 81-85 for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like Dan Thayer, Jacqueline Smith, Anthony Pernas, and Greg P. Jubinsky.

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 617, 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: [Signature] 4-14-99 (561) 682-6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)