SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N94000001547 (8)

1. Corporation Name

THE BOTANICAL GARDEN, INC.

Principal Place of Business	Mailing Address
~~272 ROSE APPLE LANE~~ 3584 Exchange Blvd Ste C ~~NAPLES FL 33961~~ Naples, Fl 34104	~~272 ROSE APPLE LANE~~ 3584 Exchange Blvd Ste C ~~NAPLES FL 33961~~ Naples, Fl 34104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3584 Exchange	2a. Mailing Address: 26 3584 Exchange
Suite, Apt. #, etc.: 22 Ste C	Suite, Apt. #, etc.: 27 Ste C
City & State: 23 Naples Fl	City & State: 28 Naples, Fl
Zip: 24 34104 Country: 25 USA	Zip: 29 34104 Country: 30 USA

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report: 07/22/1996
4. FEI Number: 65-0511429 ☐ Applied For ☐ Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETERSON, ROBERT 3584 EXCHANGE BLVD SUITE C NAPLES FL 33942	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 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 Ellen Jones DATE 7/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALSBROOK, CONNIE		1.2 NAME		
STREET ADDRESS	677 PALM CIRCLE E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ELLEN		2.2 NAME		
STREET ADDRESS	4527 DORANDO AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIEBER, JACK		3.2 NAME		
STREET ADDRESS	1135 CYPRESS WOODS		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ESHAUZIER, JAN		4.2 NAME		
STREET ADDRESS	646 PARKVIEW LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERSEN, ROBERT		5.2 NAME		
STREET ADDRESS	2165 51ST TERRACE SW		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AFAFF, DAPHNE		6.2 NAME		
STREET ADDRESS	3420 GULF SHORE BLVD., N#36		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED 7/30/97 941-649-9613