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
Jul 30 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 # N95000003626 (7)

1. Corporation Name

REDLAND TROPICAL GARDENS AND BOTANICAL FOUNDATIO N, INC.

Principal Place of Business	Mailing Address
~~24050 SW 162ND AVENUE~~ ~~HOMESTEAD FL 33031~~	~~24050 SW 162ND AVENUE~~ ~~HOMESTEAD FL 33031~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1995	3a. Date of Last Report: 02/12/1996
4. FEI Number: APPLIED FOR	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 CAULEY SQUARE	26
22 Suite, Apt. #, etc. 22400 Old Dixie	27 Suite, Apt. #, etc. P.O. BOX 924785
23 City & State GOULDS	28 City & State HOMESTEAD, FL
24 Zip 33092 25 Country U.S.A.	29 Zip 33092 30 Country USA

9. Name and Address of Current Registered Agent

BUSTER, MARGI
24050 SW 162ND AVENUE
HOMESTEAD FL 33031

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 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
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	BUSTER, MARGI		1.2 NAME		
STREET ADDRESS	24050 SW 162ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	PEARSON, STEPHEN D		2.2 NAME	PEARSON STEPHEN D	
STREET ADDRESS	~~8474 SW 27TH TERRACE~~		2.3 STREET ADDRESS	7895 S.W. 131 Street	
CITY-ST-ZIP	~~MIAMI FL 33183~~		2.4 CITY-ST-ZIP	Miami FL 33156	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	STUART, LARRY		3.2 NAME	STUART, LARRY	
STREET ADDRESS	~~13301 BISCAYNE DRIVE APT. B~~		3.3 STREET ADDRESS	1201 N. LIBERTY AVE, #B	
CITY-ST-ZIP	~~HOMESTEAD FL 33033-1925~~		3.4 CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOBSON, BILL		4.2 NAME		
STREET ADDRESS	1015 DOVE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-3206		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED (M.A. BUSTER, PRES.) 7/15/97 (305) 258-5545