

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014287 (4)
1. Corporation Name
BROSE'S DECORATIVE GREENS, INC.

Principal Place of Business Mailing Address
**5155 AUDUBON AVE.
DELEON SPRINGS FL 32130-4409** **5155 AUDUBON AVE.
DELEON SPRINGS FL 32130-4409**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/31/1994

4. FEI Number Applied For
59-3223672 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BROSE, FRANK
5155 AUDUBON AVE.
DELEON SPRINGS FL 32130-4409**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code
FL

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 _____
Signature typed or printed name of registered agent and the filer associated NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | D |
| NAME | BROSE, LEROY E |
| STREET ADDRESS | 501 RIVERSIDE AVE. |
| CITY- ST- ZIP | MERRILL WI 54452 |
| TITLE | D |
| NAME | BROSE, BARBARA L |
| STREET ADDRESS | 501 RIVERSIDE AVE. |
| CITY- ST- ZIP | MERRILL WI 54452 |
| TITLE | D |
| NAME | BROSE, FRANK |
| STREET ADDRESS | 5155 AUDUBON AVE. |
| CITY- ST- ZIP | DELEON SPRINGS FL 32130-4409 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | |
| 1 4 CITY- ST- ZIP | |
| 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME | |
| 2 3 STREET ADDRESS | |
| 2 4 CITY- ST- ZIP | |
| 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME | |
| 3 3 STREET ADDRESS | |
| 3 4 CITY- ST- ZIP | |
| 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY- ST- ZIP | |
| 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY- ST- ZIP | |
| 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 6 4 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 110.07(3)(b), Florida Statutes. I further certify that the information in 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 or on an attachment with an address.

SIGNATURE: *Frank Brose* Frank Brose Director 4/27/95 904-985-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Telephone Area #)