


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 15 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 # P94000014287 (4)  
 1. Corporation Name  
**BROSE'S DECORATIVE GREENS, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 707 S. Center Avenue Suite, Apt. #, etc. 22 P.O. Box 542 City & State 23 Merrill, WI Zip 24 54452		2a. Mailing Address 26 707 S. Center Avenue Suite, Apt. #, etc. 27 P.O. Box 542 City & State 28 Merrill, WI Zip 29 54452		3. Date Incorporated or Qualified 01/31/1994		3a. Date of Last Report 05/01/1996	
Country 25 USA		Country 30 USA		4. FEI Number 59-3223672		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
**BROSE, FRANK**  
 5155 AUDUBON AVE.  
 DELEON SPRINGS FL 32130-4409

81 Name  
**LeRoy Brose**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**Jungle Den Villas - Unit B103**  
 83  
**1640 Juno Trail**  
 84 City  
**Astor** FL 85 Zip Code  
**32102**

10. Name and Address of New Registered Agent

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: *LeRoy Brose* **LEROY BROSE** 9/8/97  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Brose, LeRoy E.	
1.3 STREET ADDRESS	Jungle Den Villas - Unit B103 -1640 Juno Trail	
1.4 CITY-ST-ZIP	Astor, FL 32102	
2.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Brose Barbara	
2.3 STREET ADDRESS	Jungle Den Villas-Unit B103-1640 Juno Trail	
2.4 CITY-ST-ZIP	Astor, FL 32102	
3.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Brose, Frank	
3.3 STREET ADDRESS	N9912N Twin Lake Road	
3.4 CITY-ST-ZIP	Tomahawk, WI 54487	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: *LeRoy Brose* **LEROY BROSE** 8/26/97 (715) 536-9465

CR2E034 (4/97)