

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
9. Name and Address of Current Registered Agent BROSE, FRANK 5155 AUDUBON AVE. DELEON SPRINGS FL 32130-4409		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		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	

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 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSE, LEROY E	1.2 NAME	Brose, LeRoy E.
STREET ADDRESS	501 RIVERSIDE AVE.	1.3 STREET ADDRESS	Jungle Den Villas - Unit B103 -1640 Juno Trail
CITY-ST-ZIP	MERRILL WI 54452	1.4 CITY-ST-ZIP	Astor, FL 32102
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSE, BARBARA L	2.2 NAME	Brose Barbara
STREET ADDRESS	501 RIVERSIDE AVE.	2.3 STREET ADDRESS	Jungle Den Villas-Unit B103-1640 Juno Trail
CITY-ST-ZIP	MERRILL WI 54452	2.4 CITY-ST-ZIP	Astor, FL 32102
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSE, FRANK	3.2 NAME	Brose, Frank
STREET ADDRESS	5155 AUDUBON AVE.	3.3 STREET ADDRESS	N9912N Twin Lake Road
CITY-ST-ZIP	DELEON SPRINGS FL 32130-4409	3.4 CITY-ST-ZIP	Tomahawk, WI 54487
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)