

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 197323 (9)

1. Corporation Name
MIAMI SOD COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 15225 N.W. 77TH AVENUE, #205 MIAMI LAKES FL 33014
Mailing Address: 15225 N.W. 77TH AVENUE, #205 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 11/02/1956
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0763110		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICHOLS, WENDELL I. 15225 N.W. 77TH AVENUE, SUITE 205 MIAMI LAKES FL 33014				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 fee if applicable. (NOTE: Registered Agent signature required when re-registering))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKEN, LEILA F	1.2 NAME	
STREET ADDRESS	15225 N.W. 77TH AVE. # 205	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	1.4 CITY - ST - ZIP	
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, WENDELL I	2.2 NAME	
STREET ADDRESS	15225 NW 77TH AVE. #205	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *[Signature]* 1/18/95 (305) 823-6533
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR