FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 355689

(1)

1. Corporation Name ALLAN MURRAY NURSERY, INC. Principal Place of Business Mailing Address 8055 S. MILITARY TRAIL BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436-1501											
							3. Date Incorpora 11/21/1969			te of Last F 04/1996	Report
	lace of Busmess	harring .	2a. Mailing Address				4. FEI Number 59-1278440			A	pplied For
Suite Apt	#, etc.	- n	Suite, Apt. #. etc.				5, Certificate of Status Desired See Required				
City & Stat	t·		City & State				6. Election Campi Trust Fund Cor	\$5.00 May Be Added to Fees			
Ζιρ 24	Country 25	Ζηρ 29		30 Cou	ntry		8. This corporation Florida Statute	s X	Yes [] No	s. 199.032,
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Ad	dress of New Re	gistered #	ugent	
MURRAY, DAVID F. 8100 HAVERHILL RD. EXT.					81 82		ress (P.O. Box Numbe	r is Not Acceptab	ole)	, ,	
BO	YNTON BEACH FL 33436				83			· · · · · · · · · · · · · · · · · · ·			
					84	Crty		. <u>-,</u>	FL	85 Zip	Code
office or r agent. La SIGNATURE	to the provisions of Sections 007.05 egistered agent, or both, in the Statum familiar with, and accept the obtains a space of particles of egaments.	भूतिक के दो शिक्ति बहु नीक	atio (NO				tion's board of director	rs. I hereby accer	DATE	ointment as	s registered
12.		ND DIRECTORS		13.			ADDITIONS/CH	ANGES TO OFFIC	ERS AND		
TITLE Nami Street Adoress	ST Murray, Lori M. 8100 Haverhill Rd. Ext.		DELETE	1.1 Til 1	AME	ADDRES\$				Change	Add-tio
CHY-SI-78	BOYNTON BEACH FL			1.4 CI	TY-S	:1-2IP					
HAME	PD Murray, David F		DELETE	. 2.1 T/l 2.2 N/						Change	Addition
STREET ADDRESS	8100 HAVERHILL RD. EXT. BOYNTON BEACH, FL 00000	1				ADDRESS					
CITY S - 7IP WLE	DOTITION DESCRIPTE COOK		DELETE	3.1 711		ST-ZIP				Change	Addition
NAME STREET ADORESS				32 N/		ADORESS					
CITY-S1-70P				3.4 C	(TY-5	ST-ZIP				-	
MAMÉ			☐ DELETE	4.1 Til 4.2 N		Ì				Change	Additio
NEMIC STREET ADDRESS						ADDRESS					
CITY-ST ZIE						ST-ZIP	·, · · · · · · · · · · · · · · · · · ·	4			
THEF NAME			DELETE	5 1 11° 5 2 N/						Change	Additio
CIDIEL ADDOLOG						ADDOCCO					

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

5.4 CITY - ST - ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

COLY-ST ZIP

STREET ALCHESS

0115-51-76

THILE NAME

GNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFI

1/4/97 (52) 734-1341

Addition

FILED

Mar 20 1997 8:00am

Secretary of State