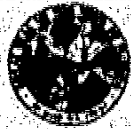


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 414868 (0)

1. Corporation Name
QUAL ROOST NURSERY, INC.

Principal Place of Business 15100 QUAL ROOST DRIVE RR 2 MIAMI FL 33187	Mailing Address 15100 QUAL ROOST DRIVE RR 2 MIAMI FL 33187
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/18/1972		3a. Date of Last Report 04/07/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1451107		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WEYRICK, H. ARLENE 15100 QUAL ROOST DR. MIAMI FL 33187				10. Name and Address of New Registered Agent			
81 Name KEITH S. WEYRICK				82 Street Address (P.O. Box Number is Not Acceptable) 15100 QUAIL ROOST DR.			
83				84 City MIAMI			
				FL		85 Zip Code 33187	

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: Keith S. Weyrick (Pres.) DATE: Jan. 25, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	WEYRICK, H. ARLENE 18420 CARIBBEAN BLVD. MIAMI FL	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Keith S. Weyrick	
STREET ADDRESS		1.3 STREET ADDRESS 14880 S.W. 200 St.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Miami, FL. 33187	
TITLE S	WEYRICK, DELORES H. 15100 QUAL ROOST DRIVE MIAMI FL	2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Delores H. Weyrick	
STREET ADDRESS		2.3 STREET ADDRESS 14880 S.W. 200 St.	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Miami, FL. 33187	
TITLE V	WEYRICK, KEITH S. 15100 QUAL ROOST DR MIAMI FL	3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Keith S. Weyrick	
STREET ADDRESS		3.3 STREET ADDRESS 14880 S.W. 200 St.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Miami, FL. 33187	
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 119.07(3)(k), 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 of this form, or on an attachment with an address.

SIGNATURE: Keith S. Weyrick Pres. DATE: Jan. 25, 1995 (305) 238-5202