

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 414868 (0)**

1. Corporation Name  
**QUAIL ROOST NURSERY, INC.**



Principal Place of Business      Mailing Address  
**15100 QUAIL ROOST DRIVE  
RR 2  
MIAMI FL 33187**      **15100 QUAIL ROOST DRIVE  
RR 2  
MIAMI FL 33187**

3. Date Incorporated or Qualified: **12/18/1972**      3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1451107**      Applied For: Not Applicable  
5. Certificate of Status Desired:       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing / Trust Fund Contribution:       **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      Country      28. Zip      Country  
24.      25.      29.      30.

**WEYRICK, KEITH S  
15100 QUAIL ROOST DRIVE  
MIAMI FL 33187**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code

11. Pursuant to the provisions of Sections 607.0200 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, and amending the articles of incorporation, and the bylaws of the corporation, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the provisions of, Section 607.0501, Florida Statutes.

SIGNATURE: *[Signature]* **KEITH S. WEYRICK PRES.**      **9/APR/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WEYRICK, KEITH S</b>	
STREET ADDRESS	<b>14880 S.W. 200 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEYRICK, DELORES H</b>	
STREET ADDRESS	<b>14880 S.W. 200 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WEYRICK, KEITH S</b>	
STREET ADDRESS	<b>14880 S.W. 200 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is true and voluntary, furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and correct, and that my signature shall have the same legal effect as if made under oath. But I am not officer or director of the corporation, and I am not a trustee, partner, or officer of the corporation. This report is prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in change, deletion or addition with an address.

SIGNATURE: *[Signature]* **KEITH S. WEYRICK, PRES. (305) 238-5202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **9/APR/96**

CR2E034 (12/95)