

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 13 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 414868 (0)  
 1. Corporation Name  
 QUAIL ROOST NURSERY, INC.



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/18/1972  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
 WEYRICK, KEITH S  
 15100 QUAIL ROOST DRIVE  
 MIAMI FL 33187

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 7/13/98  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE: P	WEYRICK, KEITH S	<input type="checkbox"/>
NAME:	14800 S.W. 200 ST.	
STREET ADDRESS:	MIAMI FL	
CITY-ST-ZIP:		
TITLE: VP	WEYRICK, DELORES H	<input type="checkbox"/>
NAME:	14800 S.W. 200 ST.	
STREET ADDRESS:	MIAMI FL	
CITY-ST-ZIP:		
TITLE: T	WEYRICK, KEITH S	<input type="checkbox"/>
NAME:	14800 S.W. 200 ST.	
STREET ADDRESS:	MIAMI FL	
CITY-ST-ZIP:		
TITLE: S	WEYRICK, DELORES H	<input type="checkbox"/>
NAME:	14800 S.W. 200 ST.	
STREET ADDRESS:	MIAMI FL	
CITY-ST-ZIP:		
TITLE: D	WEYRICK, H. A	<input type="checkbox"/>
NAME:	18420 CARIBBEAN BLVD.	
STREET ADDRESS:	MIAMI FL	
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/>
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME:			
1.3 STREET ADDRESS:			
1.4 CITY-ST-ZIP:			
2.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME:			
2.3 STREET ADDRESS:			
2.4 CITY-ST-ZIP:			
3.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME:			
3.3 STREET ADDRESS:			
3.4 CITY-ST-ZIP:			
4.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME:			
4.3 STREET ADDRESS:			
4.4 CITY-ST-ZIP:			
5.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME:			
5.3 STREET ADDRESS:			
5.4 CITY-ST-ZIP:			
6.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME:			
6.3 STREET ADDRESS:			
6.4 CITY-ST-ZIP:			

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 \*\*\*150.00

14. I 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 supplementary 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 for an attachment with an address.

SIGNATURE: KEITH S. WEYRICK 7/13/98

CR2E034 (5/98)



Phone: (305) 238-5202  
Fax: (305) 251-4834

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15100 Quail Roost Drive (S.W. 200 St.) • Miami, Florida 33187-9664

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

414868

Re: 1998 Annual Report #414868

July 7, 1998

Dear Secretary of State,

Please be advised that this report is being submitted with a \$150.00 filing fee due to the fact that the first notice was never received.

Your review of this matter, and withdrawal of late fees, will be greatly appreciated.

Sincerely,

Keith Weyrick  
President