


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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 430173 (5)					
1. Corporation Name KRAFT NURSERY, INC.					
Principal Place of Business 600 S. POWERLINE ROAD DEERFIELD BEACH FL 33442			Mailing Address 600 S. POWERLINE ROAD DEERFIELD BEACH FL 33442-8111		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/10/1973 3a. Date of Last Report 03/18/1996 4. FEI Number 59-1469053 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KRAFT, ALBERT H., JR. 6663 S. GRANDE DRIVE BOCA RATON FL 33433			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	C	<input type="checkbox"/> DELETE			
NAME	KRAFT, ALBERT H., JR.				
STREET ADDRESS	6663 S. GRANDE DRIVE				
CITY - ST - ZIP	BOCA RATON FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	KRAFT, MILDRED E.				
STREET ADDRESS	6663 S. GRANDE DRIVE				
CITY - ST - ZIP	BOCA RATON FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	KRAFT, KEVIN				
STREET ADDRESS	21845 MT SUGAR LANE				
CITY - ST - ZIP	BOCA RATON FL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	FELL, KAREN				
STREET ADDRESS	10955 NW 5TH COURT				
CITY - ST - ZIP	CORAL SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MILLER, KATHERINE				
STREET ADDRESS	5032 NW 51ST STREET				
CITY - ST - ZIP	COCONUT CREEK FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KRAFT, KURT J.				
STREET ADDRESS	9114 CHRYSANTHEMUM DR.				
CITY - ST - ZIP	BOYNTON BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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.					
SIGNATURE: <i>Karen K. Fell</i> KAREN K. FELL Sec/Treas 3/24/97 (954) 421-6960					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)