ANNUAL F 1996	ATION REPORT		FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State						
DOCUMEN 1. Corporation Name	<b>NT #</b> 48192	25			, , , , , , , , , , , , , , , , , , ,					
•	CLIA NURSERY I	NC.								
Principal Place of Busi	ness	Mail	ling Address							
the state of the s	12 Ave. n, FL 33010		35 W. 12 Ave aleah, FL	33010	)		DO NOT WRITE	IN THIS	SPACE.	
							ncorporated or Qualified 8-01-76	3a. Da	ite of Last F	Report
2. Principal Place of E	Business	<u> </u>	Mailing Address			4. FEI N	umber	.1	Ц	Applied For
Suite, Apt. #, etc.		26	Suite, Apt. ₩, etc.				9-1616946 cate of Status Desired			Not Applicable  5 Additional
City & State		27	City & State			1.	n Campaign Financing		Fee	Required
23	Country	28				Trust f	und Contribution		Adde	May Be d to Fees
Zip 24	Country 25	29		Country 30	<i>t</i>		orporation has liability for its Statutes X Yes			5. 199.032,
9. N	ame and Address of Cu	rrent Registe	ered Agent	81	Name	10. Name	and Address of New R	egistered	Agent .	
HILDA	VILA			82		dence (D.O. Da	11	4.3		
	12 Ave			62		KIOSS (P,U. BOX	Number is Not Acceptable	<del>(0</del> )		
				-						
Miami,	FI 33010			83						
11. Pursuant to the n	rwisions of Sections 607 (	1502 and 807	1508 Florida Statutes	84	City			FI	<u> </u>	ip Code
11. Pursuant to the proor registered ager familiar with, and a	ovisions of Sections 607.0 it, or both, in the State of accept the obligations of, s	Section 607.05	505, Florida Statutes.	the above-rby the corp	City named corp coration's bo	oard of directors	this statement for the pur I hereby accept the appo	FI pose of cl pointment a	<u> </u>	
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