

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **485884** (1)  
1. Corporation Name  
**GARDEN OF LOVE, INC.**



Principal Place of Business <b>238 COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308</b>	Mailing Address <b>238 COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>257 Commercial Blvd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>257 Commercial Blvd.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/15/1975</b>	
22 City & State 23 <b>Lauderdale By The Sea, FL</b>		27 City & State 28 <b>Lauderdale By The Sea, FL</b>		4. FEI Number <b>59-1617077</b> Applied For Not Applicable	
24 Zip <b>33308</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>33308</b>		30 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HAMILTON, DOLORES 238 COMMERCIAL BLVD. LAUDERDALE-BY-THE-SEA FL 33308</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Dolores Hamilton</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>257 Commercial Blvd.</b>			
				83			
				84 City <b>Lauderdale By The Sea</b> <b>FL</b> 85 Zip Code <b>33308</b>			

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 *Dolores Hamilton* 1 29 98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HAMILTON, DOLORES</b>			1.2 NAME			
STREET ADDRESS	<b>611 NE 46TH COURT</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			1.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MUSY, DAN</b>			2.2 NAME			
STREET ADDRESS	<b>611 N.E. 46TH CT.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 *Dolores Hamilton* 1/14/98 924 401 8280

CR2E034 (10/97)