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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 510992

(1)

MELCO NURSERIES, INC.

γ,

Principal Place of Business

Mailing Address

1120 TOM GURNEY DR. WINTER PARK FL 32789

1120 TOM GURNEY DR. WINTER PARK FL 32789-1213 FILED May 09 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 3a. Date of Last Report		
							08/20/1976 05/01/1996		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26				59-1708599 Not Applicable		
Suite, Apt. #, etc.		27	Suite. Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	()		City & State				Election Campaign Financing \$5.00 May Be		
23		28					Trust Fund Contribution		
Zip	Country		Zip	Co	ountry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30			Florida Statutes Yes No		
	9. Name and Address of Currer	it Regist	ered Agent				10. Name and Address of New Registered Agent		
MEII	LEN, ROBERT T. JR.				81	Name			
1120 TOM GURNEY DR. WINTER PARK FL 32789					100				
					82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
TINT	IEU LAUK LE 25108				83				
					84	City	85 Zip Code		
							<u>FLITICIONE</u>		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 60 of Florid)7.1508, Florida Statu Ia: Such change was	tes, the : authoriz	above ad by	named corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
agent La	m familiar with, and accept the oblig	ations of	, Section 607.0505, FI	lorida St	atutes				
SIGNATURE	10° Page						equired when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN			13		nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
Tille	DS OFFICERS AN	DINEC	DELETE		TITLE		Change Addition		
ł			C' DECERE			- 1			
NAME	MELLEN, SAUNDRA J				NAME		•		
STREET ADDRESS	1120 TOM GURNEY DR.			1.3	STREET	address			
City-\$1-zi≥	WINTER PARK FL		·····		CITY-S'	r-21P			
Tille	PD		☐ DELETE	21	TITLE	j	Change Addition		
MAME	MELLEN, ROBERT T JR			2.2	NAME				
STREET ADDRESS	1120 TOM GURNEY DR.			2.3	STREET	ADDRESS			
CITY - ST - ZIP	Winter Park Fl			2.4	CITY-S	17-21P			
TITLE			DELETE	3.1	TITLE		Change Addition		
NAME				3.2	NAME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				1	CITY-S	i			
TITLE			DELETE		TITLE	1-74	Change Additio		
			Control of the control				Caranta Caranta		
NAME					NAME				
STREET ADDRESS						address			
CITY-ST-7-P					CITY-S	r-ZIP			
1:fLF			☐ DELETE	1	TITLE		Change Addition		
NAME				5.2	NAME				
STREET ADDRESS				5.3	STREET	ADDRESS			
CITY - \$1 - ZIP				5.4	CITY-S	r-21P			
TITLE			DELETE		TITLE		Change Addition		
NAME					NAME		_ _ -		
STREET ADDRESS				- 8	-	ADDRESS			
Cily-SI-ZiP		ad(2). 61.		6.4	CITY-S	1 · ZIP	and in Contine 110 07/09() Florido Chat the 1 fluidos codific that the		

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 charged, or signature with an address.

SIGNATURE:

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4-28-87

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