

4-29-98 B 5888  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 543928 (6)  
1. Corporation Name  
PATRICK'S FINE FOLIAGE, INC.



Principal Place of Business  
28701 SW 202 AVENUE  
GOULDS FL 33170

Mailing Address  
28701 SW 202 AVENUE  
GOULDS FL 33170

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21800 S.W. 162 AV. Suite, Apt. #, etc. 22 City & State 23 GOULDS FL Zip 24 33170 Country 25 U.S.A.		2a. Mailing Address 26 P.O. Box 428 Suite, Apt. #, etc. 27 City & State 28 GOULDS FL Zip 29 33170 Country 30 U.S.A.		3. Date Incorporated or Qualified 08/26/1977
		4. FEI Number 59-1762815		Applied For <input type="checkbox"/> Not Applicable
		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 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

LYDEN, PATRICK A  
21800 SW 162ND AVENUE  
GOULDS FL 33170

10. Name and Address of New Registered Agent

81 Name  
PATRICK A. LYDEN  
82 Street Address (P.O. Box Number is Not Acceptable)  
28701 SW 202 AV.  
83  
84 City  
HOMESTEAD FL 85 Zip Code  
33030

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LYDEN, PATRICK	1.2 NAME	
STREET ADDRESS	28701 SW 202ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	LYDEN, JANIS	2.2 NAME	
STREET ADDRESS	28701 SW 202 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

4/21/98

CR2E034 (10/97)