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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 551318 (9)

1. Corporation Name

HOWARD MCALLISTER GREENHOUSES, INC.



Principal Place of Business

1100 NW 75 AVE.
PLANTATION FL 33313
US

Mailing Address

1100 NW 75 AVE.
PLANTATION FL 33313
US

3. Date Incorporated or Qualified

11/16/1977

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 7935 NW 10th St

26 7935 NW 10th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Plantation, Florida

27 Plantation, Florida

City & State

City & State

23 33322 U.S.A.

28 33322 U.S.A.

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VECCHIO JR, JOSEPH
531 N.E. 44TH ST
FT. LAUDERDALE FL

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

Signature, typed or printed name of registered agent and street address

Signature, typed or printed name of registered agent and street address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MC ALLISTER JR, HOWARD
STREET ADDRESS 10600 N.W. 29 CT.
CITY-STATE-ZIP SUNRISE FL
Deceased

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
Deceased

TITLE S
NAME MC ALLISTER, SHIRLEY
STREET ADDRESS 1100 N.W. 75 AVE.
CITY-STATE-ZIP FT. LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE T
NAME MC ALLISTER, ANDREA
STREET ADDRESS 10600 N.W. 29 CT.
CITY-STATE-ZIP FT. LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Shirley M. Allister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96
DATE

CR2E034 (12/95)