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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

635904

(6)

1. Corporation Name COUNTRY GARDEN PATCH, INC.										
Principal Place of	of Business	M	lailing Address					PHY BIBL BIBLI O	iğli üleli ülk	(F ESES) ELBIT 480)
4710 53RD S	STREET EAST I FL 34203		P. O. BOX 21114 BRADENTON FL 342	03-1114						
			US				3. Date Incorporated or Qualified		of Last Re	
							09/12/1979		04/14/19	
2. Principal Pla	ce of Business	2a	. Mailing Address		,		4. FEI Number			Applied For
21		26					59-1949097			Not Applicable Additional
Suite, Apt #	, etc.	07	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
City & State		27	City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28	o iy o olalo				Trust Fund Contribution			d to Fees
Zip	Country		Zıp	Co	ountry		8. This corporation has liability for		ax under s	199.032,
24	25	29		30				s No		
	9. Name and Address of Curre	nt Regi	stered Agent		81	Niena	10. Name and Address of New	Hegistered	Agent	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
					81	Name				
	n, Clayton				82 Street Address (P.O. Box Number is Not Acceptable)			ible)		
	6TH ST., CT. E.				83					
Brand	ENTON FL 34208			83						
					84	City		FL	85 Z	p Code
SIGNATURE 12.	Signature: typed or printed name of registero: agr OFFICERS A			13		of signature objusts	ed when resistangle ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
NAME	SUTTON, DIANE			1.7	2 NAME					
STREET ADDRESS	2123 46TH ST., CT. EAST			1.5	3 STREET	I ADDRESS				
City-\$T-ZiP	BRADENTON FL			14	4 CITY-5	ST · ZIP				
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14. I do hereby certify that the information supplied with this fring 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 certify 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 941-756-1504 Date Print 8