

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 644632 (2)

1. Corporation Name

SPANISH RIVER NURSERY, INC.



Principal Place of Business

8571 156TH CT., S.
DELRAY BEACH FL 33446

Mailing Address

8571 156TH CT., S.
DELRAY BEACH FL 33446

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPINOSA, HARRY
9405 LISTOW TERR
BOYNTON BEACH FL 33437

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

Harry Espinosa
Signature (typed or printed name of registered agent and the filer if applicable)

HARRY ESPINOSA

1-15-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PT

☐ DELETE

NAME

ESPINOSA, HARRY
9405 LISTOW TERRACE
BOYNTON BEACH FL

CITY-ST-ZIP

1.2 TITLE

VS

☐ DELETE

NAME

ESPINOSA, RODNEY
5551 JOHNSON RD
POMPANO BEACH FL

CITY-ST-ZIP

1.3 TITLE

Beach

☐ DELETE

NAME

Beach

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

Harry Espinosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY ESPINOSA

Date

1-15-96

Daytime Phone #

407 499 8243

CR2E034 (12/95)