

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

FILED
Jan 27 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 # **657887** (6)

1. Corporation Name
NATURE'S WAY NURSERY, INC.

Principal Place of Business 12800 SW 200 STREET MIAMI FL 33177	Mailing Address 12800 SW 200 STREET MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20950 SW 177 AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 PO BOX 971129 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/04/1980	
City & State 23 Miami FL		City & State 28 Miami FL		4. FEI Number 59-1983094 Applied For Not Applicable	
Zip 24 33187		Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29 33197		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DAWN F. WILSON 12800 SW 200 STREET MIAMI FL 33177				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name Same	
				82 Street Address (P.O. Box Number is Not Acceptable) 6095 SW 128 ST	
				83	
				84 City Miami FL 85 Zip Code 33156	

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) DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP PST WILSON, DAWN FAY 12800 SW 200 ST MIAMI, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 6095 SW 128 ST MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP D WILSON, DAWN FAY 12800 SW 200 ST MIAMI, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 6095 SW 128 ST MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: **Dawn Fay Wilson** **1/27/98** **305 251 6521**

CR2E034 (10/97)