

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 677660**

1. Corporation Name

**THE BOTANICAL GARDENS CENTER, INC.**

Principal Place of Business

**19110 KROME AVE.  
Miami, Fla. 33187**

Mailing Address

**19110 Krome Ave.  
Miami, Fla. 33187**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified  
**7/07/80**

3a. Date of Last Report  
**5/01/1994**

4. FEI Number  
**59-2012515**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**Glassford, K Neil  
5780 Sunset Drive  
South Miami, Fla. 33143**

10. Name and Address of New Registered Agent

81 Name **Dale C Glassford**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Park Place of Kendall**  
83 **13410 SW 128 Street**  
84 City **Miami** FL 85 Zip Code **33186**

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

*Dale C Glassford*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/96**

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	Lavargna, Anthony H.	
STREET ADDRESS	19100 Krome Ave.	
CITY-ST-ZIP	Miami, Fla.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Lavargna, Lisa	
STREET ADDRESS	19100 Krome Ave.	
CITY-ST-ZIP	Miami, Fla.	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Braham, Toni Lynn	
STREET ADDRESS	19663 S.W. 82nd Ct.,	
CITY-ST-ZIP	Miami, Fla.	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Lavargna, Laurence P.	
STREET ADDRESS	9395 SW 66 St.	
CITY-ST-ZIP	Miami, Fla.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Burleson, Cindy Lee	
STREET ADDRESS	19001 SW 272 Street	
CITY-ST-ZIP	Homestead, Fla.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**000001807580**  
**-05/04/96--01004--016**  
**\*\*\*200.00**

*S-JR*

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:

*Anthony H. Lavargna*

6/5/96 305-235-5411

CR2E034 (12/95)