


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

FILED
Jul 06 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 677660 (3)
1. Corporation Name
THE BOTANICAL GARDEN CENTER, INC.



| | |
|---|---|
| Principal Place of Business 19110 KROME AVENUE MIAMI FL 33187 | Mailing Address 19110 KROME AVENUE MIAMI FL 33187 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|-----------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/07/1980 | |
| 21 | Suite, Apt. #, etc. | 26 | 19120 KROME AVE | 4. FEI Number 59-2012515 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | MIAMI FLA | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | 33187 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | Yes No |

9. Name and Address of Current Registered Agent

LAVARGNA, CARRIE ESQUIRE
9250 SW 83 ST
13410 SW 128 ST.
MIAMI FL 33173

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 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 | FDC | 1.1 TITLE | |
| NAME | LAVARGNA, ANTHONY H. | 1.2 NAME | |
| STREET ADDRESS | 19100 KROME AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | LAVARGNA, LISA | 2.2 NAME | |
| STREET ADDRESS | 19100 KROME AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD | 3.1 TITLE | |
| NAME | BRANHAM, TONI LYNN | 3.2 NAME | |
| STREET ADDRESS | 19063 S.W. 82ND CT. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | STD | 4.1 TITLE | |
| NAME | LAVARGNA, LAURENCE P. | 4.2 NAME | |
| STREET ADDRESS | 9395 S.W. 66 ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | VP | 5.1 TITLE | |
| NAME | BRULESON, CINDY LEE | 5.2 NAME | |
| STREET ADDRESS | 19001 SW 272 STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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-07/07/98--01063--012
***450.00

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

CR2E034 (10/97)

2



The Botanical Gardens Nursery

The Finest in Plant Materials

Grove Division

Nurseries:
HOMESTEAD, FLORIDA
PHONE 235-5465

Mailing Address:
19120 KROME AVENUE
PERRINE, FLORIDA 33187

*Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500*

To: Department of State

From: Anthony Lavargna

Ref: Corporate Annual Reports

Date: June 26, 1998

Dear Gentlemen:

*We did not receive the first notice forms for filing the
Corporate Annual Returns for the following 3 corporations.
They were mailed to an old address.*

- 1. The Botanical Garden Center, Inc.
Document # 677660*
- 2. The Botanical Gardens Nursery, Inc.
Document # 677661*
- 3. Everglades Sod and Landscaping, Inc
Document # 251520*

*The correct address for all three corporations is 19120
Krome Ave Miami, Fla 33187.*

*Please consider abating any penalty due in view of this
problem. Attached please find a check for \$450.00. Normal fee
to cover all 3 corporations.*

Yours Truly,

Anthony Lavargna
Anthony Lavargna