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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680332

(4)

VANDERLAANS' NURSERY, INC.

Apr 03 1997 8:00am
Secretary of State

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- 1 Marina Bilak 1814	43101			

Principal Place of Business Mailing Address							
7252 SO. MILI LAKE WORTH		7252 SO. MILITARY TRAIL LAKE WORTH FL 33463-781	1				
					3. Date Incorporated or Qualified 07/29/1980	3a. Date of Last R 04/23/1996	eport
	Place of Business	2a. Mailing Address		***************************************	4. FEI Number	Ap	plied For
21		26			59-2016408		ot Applicable
Suite, Apt		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 / Fee Re	quired
City & Star 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip mm	Country	Zip	Country		6. This corporation has liability for i		. 199.032,
24	25 9. Name and Address of Curre		30]		Florida Statutes 10. Name and Address of New Re	Yes No	
1/41		in tradistored whent	81	Name	ID. Name and Address of New Ro	Alatelon Wilalir	
	NDERLAAN, DAVID 52 SO. MILITARY TRAIL						
	KE WORTH FL 33463		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	te monnin e sono		83		**************************************	······································	······
			84	City		- 85 Zip (Code
44 Ourmont	In the way in one of Continue CO7 OM	32 and CO7 1500 Elected Statutes	the shew			FL ° ²	
agent I a	am familiar with, and accept the oblig				poration submits this statement for the p tion's board of directors. I hereby accep ired when relistating)	DATE DATE	registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	VANDERLAAN, DAVID 7252 SO. MILITARY TRAIL		1.2 NAME				
STREET ADDRESS	LAKE WORTH FL		1.3 STREET				
CHY-ST-ZIP 1014	VSD	DELETE	1.4 CHTY-S 2.1 TITLE	1 - ZIP		Change	Addition
NAME	VANDERLAAN. DAN		2 2 NAME		•		<u> </u>
STREET ADDRESS	7252 S. MILITARY TRAIL		2.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CiTY-5	ST-ZIP			
1016		DELETE	3 1 TITLE			. Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CHY-SI-7IP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I DOUTE	3.4. CITY - S	T-ZIP	***************************************	TTALL	A district
TILLE		☐ DELETE	4.1 TITLE		*	Change	Addition
NAME emperi annoces			4. 2 NAME	ADDRESS			
STREET ADDRESS			4.3 STREET 4.4 City-S	1			
City - ST - ZiP TITLE	V	DELETE	5.1 TITLE	, - 4.11		Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-7IP			5.4 CITY-S	T-ZIP			
THLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME:			6.2 NAME				
STREEL ADDRESS			6.3 STREET	l l			
CHY-S1-ZIP]		6.4 CITY - S	T- ZIP			

14. I do hereby certify that the information supplied with this filling 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 changes on a late timent with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

968.9286