SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) AFPINOVED PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 JUN 11 AM 11:29 DOCUMENT # 693146 (3)SECRETARY OF STATE TALLAHASSEE, FLORIDA THE PLANT STATION LANDSCAPING INC. Principal Place of Business Mailing Address TOSA 8.W. 106TH AVENUE 5151 SW 106 AVENUE COOPER CITY FL 33328 COOPER CITY FL 33328 3a. Date of Last Report 3. Date Incorporated or Qualified 06/30/1981 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 21 26 59-2110917 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILKINSON, DONALD 17240 S.W. 63RD MANOR 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL **R3** 84 City 85 Zip Code FI 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 ragistered agent and title if applicable (NOTE Hingistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE SD Change Addition 1.1 TITLE WILKINSON, DONALD NAME 1.2 NAME 17240 S.W. 63RD MANOR STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE PD DELETE 21 TITLE Change Addition WILKINSON, JANE NAME 2.2 NAME 100002211221--2 -06/13/97--01025--006 *****225.000 *****2257000 17240 S.W. 63RD MANOR STREET ADDRESS 2.3 STREET ADDRESS <u>ft lauderdale fl</u> CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE **3.1 TITLE** NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TOTLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME J. alaw Change Addition STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Ido 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 if 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or jon an attachment with an address.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6-3-47 954-434-2255