

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

FILED  
Feb 26 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 # F30672 (2)  
1. Corporation Name  
BRYNTESON'S NURSERY, INC.



Principal Place of Business Mailing Address  
6235 HAVERHILL ROAD 6235 HAVERHILL ROAD  
C/O JENS E. BRYNTESON C/O JENS E. BRYNTESON  
LAKE WORTH FL 33463 LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/15/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2130143	
24 Country		29 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. 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				10. Name and Address of New Registered Agent			
BRYNTESON, JENS E. 518 N. ATLANTIC DRIVE LANTANA FL 33462				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6235 Haverhill Rd.			
				83			
				84 City			
				Lake Worth			
				FL			
				85 Zip Code			
				33463			

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Jens E. Brynteson* JENS E. BRYNTESON 2-18-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYNTESON, JENS E	1.2 NAME	
STREET ADDRESS	518 NORTH ATLANTIC DR.	1.3 STREET ADDRESS	6235 Haverhill Rd.
CITY-ST-ZIP	LANTANA, FL 00000	1.4 CITY-ST-ZIP	lake worth, Fla. 33463
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYNTESON, CINDY H	2.2 NAME	
STREET ADDRESS	518 NORTH ATLANTIC DR.	2.3 STREET ADDRESS	6235 Haverhill Rd.
CITY-ST-ZIP	LANTANA, FL 00000	2.4 CITY-ST-ZIP	lake worth, Fla. 33463
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Cindy H. Brynteson, P.P.* CINDY H. BRYNTESON, P.P. 2-18-98 561-968-2405

CR2E034 (10/97)