

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:15

DOCUMENT # **F66302** (3)

1. Corporation Name
**Q. MITCHELL NURSERY, LANDSCAPING, WELLS & SPRINK
NKLERS, INC.**

Principal Place of Business 2816 WEST SUNRISE BOULEVARD FT LAUDERDALE FL 33311	Mailing Address 2816 WEST SUNRISE BOULEVARD FT LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1982	3a. Date of Last Report 05/01/1994
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4. FBI Number 59-2389720	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, QUILONE
3041 N.W. 5 COURT
FT LAUDERDALE FL 33311**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL, QUILONE 3041 N.W. 5 COURT FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MITCHELL, MICHAEL 2936 NW 8TH PLACE FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, ALTHMEASE M 2936 NW 8TH PLACE FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: Althmease M Brown 6/8/95 305 584-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR