

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G25095** (2)

1. Corporation Name:  
**DADE COUNTY NURSERY REPORT, INC.**

Principal Place of Business Mailing Address  
**1650 OLD DOXIE HIGHWAY HOMESTEAD FL 33033 US** **21005 SW 184 AVENUE MIAMI FL 33187 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1983** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>18710 SW 288 St., Rm. 38</b>	26 <b>18710 SW 288 St., Rm. 38</b>	<b>59-2256731</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>Room 38</b>	27 <b>Room 38</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. The corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>Homestead, FL</b>	28 <b>Homestead, FL</b>		
Zip	Zip		
24 <b>33030</b>	25 <b>USA</b>	29 <b>33030</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**MARTIN, CHARLES**  
**12200 S.W. 92ND AVE.**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 agent 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 Charles Martin

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, MARY</b>	1.2 NAME	<b>GALLANT, RICHARD</b>
STREET ADDRESS	<b>6420 S. MITCHELL MANOR CR.</b>	1.3 STREET ADDRESS	<b>25300 SW 202 AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>HOMESTEAD, FL 33030</b>
TITLE	<b>V</b>	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER, VICK</b>	2.2 NAME	<b>WEEKS, RON</b>
STREET ADDRESS	<b>P O BOX 455 N/A</b>	2.3 STREET ADDRESS	<b>11840 SW 47 ST</b>
CITY - ST - ZIP	<b>GOULDS FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI, FL</b>
TITLE	<b>V</b>	3.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEEKS, RONALD</b>	3.2 NAME	<b>BULLIS, HARVEY</b>
STREET ADDRESS	<b>11840 SW 47 ST</b>	3.3 STREET ADDRESS	<b>12400 SW 248 STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>MIAMI, FL</b>
TITLE	<b>S</b>	4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, JIM</b>	4.2 NAME	<b>GORDON, SYLVIA</b>
STREET ADDRESS	<b>17890 SW 168 ST</b>	4.3 STREET ADDRESS	<b>11390 SW 93 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	<b>MIAMI, FL</b>
TITLE	<b>T</b>	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GORDON, SYLVIA</b>	5.2 NAME	<b>DEMOTT, JOHN</b>
STREET ADDRESS	<b>11390 SW 93 ST</b>	5.3 STREET ADDRESS	<b>18455 SW 264 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	<b>HOMESTEAD, FL</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLANT, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>25300 SW 202 AVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	6.4 CITY - ST - ZIP	

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)(b), 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: Richard Gallant SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard Gallant** DATE **4/25/95** TIME **305-248-7635**