

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G25095 (2)

1. Corporation Name

DADE COUNTY NURSERY REPORT, INC.



Principal Place of Business

Mailing Address

18710 SW 288 ST., RM. 38
ROOM 38
HOMESTEAD FL 33030
US

18710 SW 288 ST., RM. 38
ROOM 38
HOMESTEAD FL 33030
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, CHARLES
12200 S.W. 92ND AVE.
MIAMI FL 33176

81 Name **DAVID C BOGS, CMA**
82 Street Address (P.O. Box Number is Not Acceptable)
11420 NW. FENCIBLE JR
83 **Suite 201**
84 City **Miami** FL 85 Zip Code **33176**

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

David C Bogs

(NOTE: Registered Agent Signature required when reinstating)

2/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLANT, RICHARD	
STREET ADDRESS	25300 SW 202 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALTER, VICK	
STREET ADDRESS	P O BOX 455 N/A	
CITY-ST-ZIP	GOULDS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEEKS, RONALD	
STREET ADDRESS	11840 SW 47 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLEMING, JIM	
STREET ADDRESS	17880 SW 168 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GORDON, SYLVIA	
STREET ADDRESS	11390 SW 93 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLANT, RICHARD	
STREET ADDRESS	25300 SW 202 AVE	
CITY-ST-ZIP	HOMESTEAD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: *David C Bogs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 / 305-237770
Date Daytime Phone #

CR2E034 (12/95)