

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: **18710 SW 288 ST., RM. 38 ROOM 38 HOMESTEAD FL 33030 US**
Mailing Address: **18710 SW 288 ST., RM 38 ROOM 38 HOMESTEAD FL 33030 US**

3. Date Incorporated or Qualified: **03/01/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2256731**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: **DAVID C BOGS COA**
82 Street Address (P.O. Box Number is Not Acceptable): **11420 No. KENNEDY 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *David C Bogs*

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/2/96**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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: *Richard Gallant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/2/96**
DAYTIME PHONE #: **1 305 273 7770**

CR2E034 (12/95)