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**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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**

3. Date Incorporated or Qualified **03/01/1983** 3a. Date of Last Report **02/26/1996**
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**BOGS, DAVID C CPA
11440 NORTH KENDALL DRIVE
SUITE 205
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GALLANT, RICHARD	
STREET ADDRESS	25300 SW 202 AVENUE	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	V	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	GALLANT, RICHARD	
STREET ADDRESS	25300 SW 202 AVE	
CITY - ST - ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Bullis, Harvey
1.3 STREET ADDRESS	12420 SW 248 St.
1.4 CITY - ST - ZIP	Princeton, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V Sally Stribling
2.3 STREET ADDRESS	27805 SW 197 Ave.
2.4 CITY - ST - ZIP	Homestead, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V John DeMott
3.3 STREET ADDRESS	18455 SW 264 Street
3.4 CITY - ST - ZIP	Homestead, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S Bertram Byers
4.3 STREET ADDRESS	24500 SW 122 Ave.
4.4 CITY - ST - ZIP	Princeton, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T Sylvia Gordon
5.3 STREET ADDRESS	11390 SW 93 Street
5.4 CITY - ST - ZIP	Miami, FL
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 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: *[Signature]* 1/29/97 (305) 248 1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)