

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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

Mailing Address
**18710 SW 288 ST., RM 38
ROOM 38
HOMESTEAD FL 33030-2309
US**

3. Date Incorporated or Qualified
03/01/1983

3a. Date of Last Report
02/26/1996

4. FEI Number
59-2256731

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLANT, RICHARD		1.2 NAME	Bullis, Harvey	
STREET ADDRESS	25300 SW 202 AVENUE		1.3 STREET ADDRESS	12420 SW 248 St.	
CITY - ST - ZIP	HOMESTEAD FL		1.4 CITY - ST - ZIP	Princeton, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, VICK		2.2 NAME	Sally Stribling	
STREET ADDRESS	P O BOX 455 N/A		2.3 STREET ADDRESS	27805 SW 197 Ave.	
CITY - ST - ZIP	GOULDS FL		2.4 CITY - ST - ZIP	Homestead, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, RONALD		3.2 NAME	John DeMott	
STREET ADDRESS	11840 SW 47 ST		3.3 STREET ADDRESS	18455 SW 264 Street	
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP	Homestead, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, JIM		4.2 NAME	Bertram Byers	
STREET ADDRESS	17880 SW 168 ST		4.3 STREET ADDRESS	24500 SW 122 Ave.	
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP	Princeton, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SYLVIA		5.2 NAME	Sylvia Gordon	
STREET ADDRESS	11390 SW 93 ST		5.3 STREET ADDRESS	11390 SW 93 Street	
CITY - ST - ZIP	MIAMI FL		5.4 CITY - ST - ZIP	Miami, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLANT, RICHARD		6.2 NAME		
STREET ADDRESS	25300 SW 202 AVE		6.3 STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (305) 248 1117

Date

Daytime Phone #

CR2E034 (9/96)