

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

FILED

Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/01/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2256731</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOGS, DAVID C CPA 11440 NORTH KENDALL DRIVE SUITE 205 MIAMI FL 33178</b>				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLIS, HARVEY			1.2 NAME	John DeMott		
STREET ADDRESS	12420 SW 248 ST.			1.3 STREET ADDRESS	18455 SW 264 St.		
CITY-ST-ZIP	PRINCETON FL			1.4 CITY-ST-ZIP	Homestead, FL		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRIBLING, SALLY			2.2 NAME			
STREET ADDRESS	27805 SW 197 AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMOTT, JOHN			3.2 NAME	Bruce Brenner		
STREET ADDRESS	18455 SW 264 STREET			3.3 STREET ADDRESS	25300 SW 202 Ave.		
CITY-ST-ZIP	HOMESTEAD FL			3.4 CITY-ST-ZIP	Homestead, FL		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYERS, BERTRAM			4.2 NAME	Wes Parrish		
STREET ADDRESS	24500 SW 122 AVE.			4.3 STREET ADDRESS	6151 NW 66 Way		
CITY-ST-ZIP	PRINCETON FL			4.4 CITY-ST-ZIP	Parkland, FL		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, SYLVIA			5.2 NAME	same		
STREET ADDRESS	11390 SW 93 ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 in an attachment with an address.

SIGNATURE:

*[Signature]* TREASURER

1/29/98

CR2E034 (10/97)