

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
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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
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DO NOT WRITE IN THIS SPACE

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	30
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3. Date Incorporated or Qualified 03/01/1983	4. FEI Number 59-2256731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
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

BOGS, DAVID C CPA
11440 NORTH KENDALL DRIVE
SUITE 205
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SYLVIA	5.2 NAME	
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]* *[Signature]* **1/29/98**

CR2E034 (10/97)