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Secretary of State

03-24-1999 90001 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G25095

1. Corporation Name
DADE COUNTY NURSERY REPORT, INC.



Principal Place of Business
 18710 SW 288 ST., RM. 38
 ROOM 38
 HOMESTEAD FL 33000
 US

Mailing Address
 18710 SW 288 ST., RM 38
 ROOM 38
 HOMESTEAD FL 33000
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2A. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip Country	29	Zip Country

3. Date Incorporated or Qualified	Applied For
03/01/1983	Not Applicable
4. FEI Number	\$8.75 Additional Fee Required
59-2256731	
5. Certificate of Status Desired	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<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 **Robert Carlson PA**
 82 Street Address (P.O. Box Number is Not Acceptable)
 15600 S.W. 278 St. Suite 305
 83
 84 City **Homestead** FL 85 Zip Code **33033**

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 607.0506, Florida Statutes.

SIGNATURE **Robert E. Carlson** **Robert E. Carlson CPA** DATE **4-6-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMOTT, JOHN			1.2 NAME	Sylvia Gordon		
STREET ADDRESS	18455 SW 264 ST.			1.3 STREET ADDRESS	17390 SW 93 St.		
CITY-ST-ZIP	HOMESTEAD FL			1.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	1st Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRIBLING, SALLY			2.2 NAME	Steve Garrison		
STREET ADDRESS	27805 SW 197 AVE.			2.3 STREET ADDRESS	1950 NW 10 Terr		
CITY-ST-ZIP	HOMESTEAD FL			2.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	2nd Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNER, NRICE			3.2 NAME	Dean Richardson		
STREET ADDRESS	25300 SW 202 AVE			3.3 STREET ADDRESS	13141 SW 95 Ave		
CITY-ST-ZIP	HOMESTEAD FL			3.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRISH, WES			4.2 NAME	Wes Parrish		
STREET ADDRESS	6151 NW 68 WAY			4.3 STREET ADDRESS	6151 NW 66 Way		
CITY-ST-ZIP	PARKLAND FL			4.4 CITY-ST-ZIP	Parkland, FL 33067		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, SYLVIA			5.2 NAME	Mike Allen		
STREET ADDRESS	11390 SW 93 ST			5.3 STREET ADDRESS	13745 SW 216 St		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	Goulds, FL 33177		
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)(f), 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, with all other like empowered.

SIGNATURE: *Robert E. Carlson* **REQUIRED** DATE: **3/9/99**

CR2E034 (11/198)