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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G35531

(4)

WEST END NURSERY, INC.

SIGNATURE:

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|--|---|--|---|---|--|---------------------------------------|---|
| Principal Place | | Mailing Address | | | e indestie dand tilde diebe terbi 1201 d |) | J. 2.4, |
| 20850 S.W. 216 STREET MIAM! FL 33170 | | 20850 S.W. 216 STI Miami Fl 33170-100 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 04/18/1983 | 3a. Date of Las 05/01/1996 | |
| 2. Principal Pa | ace of Business | 2a. Mailing Addres | SS | | 4. FEI Number | · | Applied For |
| 21 | | 26 | | | 59-2470505 | | Not Applicable |
| Suite, Apt # | ⊭, etc | Suite, Apt. #, et | tc. | | 5. Certificate of Status Desired | T | Additional Required |
| City & State | ; | City & State | | | 6. Election Campaign Financing | <u>\$</u> 5.0 | O May Be |
| 23 Zip | Country | 28 | Cou | ntry | Trust Fund Contribution 8. This corporation has liability for in | | |
| 24 | 25 | 29 | 30 | | | Yes 🔲 No | |
| | 9. Name and Address of Cu | urrent Registered Agent | | | 10. Name and Address of New Reg | latered Agent | |
| MCE | WEN, LYLE C. | | | 81 Name | | | |
| 2085 | 0 S.W. 216 STREET | | ŀ | 82 Street Add | dress (P.O. Box Number is Not Acceptable | e) | |
| MIAN | AI FL 33170 | | | | , | · | |
| | | | | 83 | | | |
| | | | ŀ | 84 City | | 85 Z | p Code |
| | | A. A | | | | FL | |
| office or re | egistered agent, or both, in the S nifamiliar with, and accept the c | State of Florida Such change obligations of Section 607.05 | e was authorized 505, Florida Stat | by the corpora utes. | rporation submits this statement for the pu ation's board of directors. I hereby accept | t the appointment | as registered |
| | | | | | | | |
| SIGNATURE | Signature, typed or profed rowne of registers | es agent and the displicable | (NOTE: Registered | l Agent signature requ | uired when reinstating) | DATE | |
| SIGNATURE | Signature, typed or protest name of registers | S AND DIRECTORS | 13. | l Agent signatura requ | ured when reinstating) ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECT | |
| SIGNATURE | Signature typed or granted name of registers OFFICE RS | | 13. | | | · · · · · · · · · · · · · · · · · · · | |
| SIGNATURE : | Signature Typed or profed name of regides OFFICERS V MCEWEN, MELODY M | S AND DIRECTORS | 13. | L€ | | ERS AND DIRECT | |
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