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**Jan 17 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 # G75234 (6)

1. Corporation Name
GOLD LEAF NURSERY, INC.



Principal Place of Business: **11275 ACME DAIRY RD
P. O. BOX 3150
BOYNTON BEACH FL 33424**

Mailing Address: **P.O. BOX 3150
BOYNTON BEACH FL 33424-3150**

3. Date Incorporated or Qualified: **12/15/1983**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2361198**

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**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc. **27**

23. City & State **28**

24. Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent

**LOGAN, ANDREW S
6601 N E 21 DR
FT LAUDERDALE FL 33308**

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

TITLE DELETE

NAME **S DEREUIL, LOU**

STREET ADDRESS **1040 BAYVIEW DR STE 424**

CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE DELETE

NAME **P LOGAN, ANDREW S.**

STREET ADDRESS **6601 21ST DR.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE DELETE

NAME **V BARGAS, JOHN**

STREET ADDRESS **14456 PARKER RIDGE CT**

CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME **Bargas, John**

3.3 STREET ADDRESS **1461 N.E. 56th Ct**

3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Andrew S. Logan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97, 561-736-6693
Date Daytime Phone #

CR2E034 (9/96)