

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G76618** (9)

1. Corporation Name

CAPLAN'S GREENHOUSE, INC.

Principal Place of Business

**% THE GARDEN
2301 MAITLAND CENTER, SUITE 124
MAITLAND FL 32751**

Mailing Address

**% THE GARDEN
2301 MAITLAND CENTER, SUITE 124
MAITLAND FL 32751**



3. Date Incorporated or Qualified

12/27/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Warren R. Caplan

26 c/o Warren R. Caplan

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 851 Trafalgar Ct

27 851 Trafalgar Ct.

City & State

City & State

23 Maitland FL

28 Maitland FL

Zip

Country

Zip

Country

24 32751-4132

29 32751-4132

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPLAN, WARREN R.
THE GARDEN
2301 MAITLAND CENTER, SUITE 124
MAITLAND FL 32751**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Warren R. Caplan

851 Trafalgar Ct.

84 City

Maitland

FL

85 Zip Code

32751

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 the date

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CAPLAN, WARREN R
2301 MAITLAND CENTER
MAITLAND, FL 00000**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PD
CAPLAN, WARREN R.
851 TRAFALGAR CT.
MAITLAND FL 32751**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Warren R. Caplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN R. CAPLAN

2/11/96 (407) 660-2511

Date

Daytime Phone #

CR2E034 (12/95)