FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G94347

(3)

P.J.S FOLIAGE NURSERY, INC.

FILED Feb 25 1997 8:00am Secretary of State

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Principal Place	Principal Place of Business Mailing Address		- T TRUCKIN ODIO EDISA BIRAD HIGH DIDIN IDON DEDIA AIRIN DIDIN DIDIN DIDIN DIDIN DIDIN						
5186 S.W. 172ND AVE. 5186 S.W. 172ND AVE. FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331-1223									
TI. ERODEIION	ale i e occoi	(), shopenphes (c oo	** *****						
						3. Date Incorporated or Qualified 04/03/1984		te of Last R 22/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				59-2400534		No	ot Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75	Additional
22		27				b. Certificate of Status Desired	li	Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	L Cou	untry		8. This corporation has liability for in		tax under s	199.032,
24	25	29	30					_ No	···
	9. Name and Address of Curre	ent Registered Agent		041		10. Name and Address of New Re	listered /	igent	
	BETTER, PAUL J.			81	Name				
	8 S.W. 172ND AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
FT. I	LAUDERDALE FL 33331								
				83					
				84	Crty			85 Zip	Code
							FL		
11. Pursuant t	to the provisions of Sections 607 05	502 and 607,1508, Florida Statu te of Florida, Such change was	tes, the a	bove d hu	e-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of tithe anno	changing it	is registered
agent la	m familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Sta	tutes	3.	to the board of directors. I horotoy accept	t the app.	JII ICI ICI ICI CAG	rogiatoroo
SIGNATURE									
	Signature: typed or protect name of registered a			d Age	nt signature require	ed when reinstating)	DATE	DIDEATAC	NO 184 40
12.	PD OFFICERS A	ND DIRECTORS DELETE	13.	171 F		ADDITIONS/CHANGES TO OFFIC		Change	Addition
THLE	LEDBETTER, PAUL J.							L. Change	T Vanitori
NAME	5186 S.W. 172ND AVE.		1.2 N		LEBROSES				
STREET ADURESS	FT. LAUDERDALE FL				ADDRESS				
CITY - ST - ZIP	D D	☐ DELETE		ITY-S	T-ZIP			Change	Addition
1HLE	LEDBETTER, GLORIA W.	ריין הברבוב	217					L. Ulange	L.J Addition
NAME	5186 S.W. 172ND AVE.		22 N						
STREET ADDRESS	FT. LAUDERDALE FL				ADDRESS				
CITY-ST-ZiP	ri. Dobenoale re	I DELETE			ST - ZIP			Change	Addition
Tille		DELETE	3 1 Ti					L Change	Addition
NAME			3.2 N		, page 1				
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP	······································	Decer			ST - ZIP			Change	LAddition
TIBLE		[] DELETE	4.1 7					L CHAINGE	Addition
NAME			4.21						
STREET ADDRESS			H		ADDRESS				
CITY - ST - ZIP		T Section		ITY-S	T-ZIP			C 1 01	Tane.
TULE		☐ DELETE	5.1 T					Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY - ST - 7IP			5.4 C	ITY-\$	T - Z (P				
T TLF		☐ DELETE	6.1 T	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY+ST-ZIP			6.4 C	ITY-S	T-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 a staddress.

SIGNATURE: