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Mar 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 # H48179

(6)

1. Corporation Name

FISCHER YOUNG PLANTS, INC.

Principal Place of Business

24500 SW 167 AVE.
C/O ERNST GROTH
HOMESTEAD FL 33031
US

Mailing Address

24500 SW 167 AVE
C/O ERNST GROTH
HOMESTEAD FL 33031-1363
US

3. Date Incorporated or Qualified
03/21/1985

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

2. Principal Place of Business

21 2995 Wilderness PL

2a. Mailing Address

26 2995 Wilderness Pl

4. FEI Number
59-2551447

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite 102

Suite, Apt. #, etc.

27 Suite 102

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Boulder, CO

City & State

28 Boulder, CO

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 80301

Country

25 U S A

29 80301

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUR, THOMAS
100 N. BISCAYNE BLVD.
21ST FLOOR
MIAMI FL 33132

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GROTH, ERNST
STREET ADDRESS 24500 SW 167TH AVE.
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

TITLE VPT
NAME UNKELBACK, MICHAEL
STREET ADDRESS SCHULSTRASSE 2
CITY-ST-ZIP 4000 DUESSELDORF GE ☐ DELETE

TITLE S
NAME BAUR, THOMAS
STREET ADDRESS 100 N BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

2.1 TITLE President/Treasurer
2.2 NAME Unkelbach, Michael
2.3 STREET ADDRESS Schulstrasse 2
2.4 CITY-ST-ZIP 40213 Duesseldorf, Germany ☒ Change ☐ Addition

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

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

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

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 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:

Thomas Baur, Secretary

02/12/97

(95) 377-3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)