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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H54800

(8)

CONTINENTAL FOLIAGE GROWERS, INC.

Principal Place of Business	Mailing Address			
8750 156 COURT SOUTH	8750 156 COURT SOUTH			
DELRAY BEACH FL 33446	DELRAY BEACH FL 33446			

**FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			i negiāji giga givit gigas idīti ābrīt dalit gidit ātāti ātāti ātāti ātāti ātāti idāt					
8750 156 COURT SOUTH		8750 156 COURT SOUTH						
DELRAY BEA	CH FL 33446	DELRAY BEACH FL 334	46			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/29/1985		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-2540265 Not Applicable		
Suite, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Zip	Country	Zip	$\vdash$	untry		8. This corporation owes or has paid the current year Intangible		
24	[25]	29	30]	<del>,</del>		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
	9. Name and Address of Currer	n Registered Agent		81	Name	10, Name and Address of New Registered Agent		
	OOKS, ROGER W.			۱۳۱	Name			
	36 NW 82 TERRACE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PA	RKLAND FL 33067			83				
				83				
				84	City	85 Zip Code		
		00 4 007 4500 Eb. 34- 00-		<u> </u>		FL st code		
office or r	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 agont, 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 a	m <b>fa</b> miliar with, and accept the oblig	ations of, Section 607.0505, F	Iorida Stat	tutes.		• • • • • • • • • • • • • • • • • • • •		
SIGNATURE		A10	FF Down			guired when reinstating) DAYE		
12.	Signature, typed or printed name of registered ago OFFICERS AM	D DIRECTORS	13.	o Agen	и відпакого гео	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	DELETE	1,1 T(	TLE		Change Addition		
NAME	BROOKS, JANICE L.		1,2 N			_ , _		
STREET ADDRESS	6886 NW 82ND TERR.				ADDRESS			
CITY-ST-ZIP	PARKLAND FL			HTY-ST				
TITLE	PD	DELĒTE	2.1 TI		-211	Change Addition		
NAME	BROOKS, ROGER W.		2.2 N					
STREET ADDRESS	6886 NW 82ND TERRACE				ADDRESS			
CITY-ST-ZIP	PARKLAND FL			CITY-SI				
TITLE	V	DELETE	3.1 Tu			Change Addition		
NAME	BROOKS, JANICE, L	—	3.2 N			_ <b> </b>		
STREET ADDRESS	6886 NW 82ND TERR				ADDRESS			
CITY-ST-ZIP	PARKLAND FL			CITY-SI				
TITLE	D	DELETE	4.1 Tu			Change Addition		
NAME	BROOKS, BRENDA, S		4.21		. [			
STREET ADDRESS	6886 N.W. 82 TERR				ADDRESS			
CITY-ST-ZIP	PARKLAND FL			ITY-ST	1			
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NAME			5.2 N		1	- · <del>-</del>		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST				
TITLE	:	DELETE	6.1 70			Change Addition		
l			6.2 N					
STREET ADDRESS	<b>₽</b>	*			ADDRESS			
				ITY-ST	1			
CITY-ST-ZIP			0.4 (	111-51	- 411"	· · · · · · · · · · · · · · · · · · ·		

14. I 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 conforation 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 pranged, or on an attachment with an address.