

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H87285** (3)
1. Corporation Name
GREENHOUSE SPECIALTIES INCORPORATED



Principal Place of Business 19931 N. RIVER RD. ALVA FL 33920	Mailing Address 19931 N. RIVER RD. ALVA FL 33920
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1985	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2616673	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, ARTHUR
19931 N. RIVER ROAD
ALVA FL 33920**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

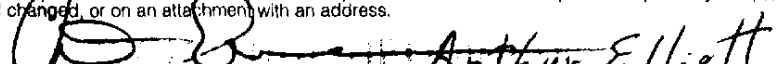
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	Pres. Sec	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOTT, ARTHUR			1.2 NAME	ELLIOTT ARTHUR		
STREET ADDRESS	19931 N. RIVER ROAD			1.3 STREET ADDRESS	19931 N. RIVER RD.		
CITY-ST-ZIP	ALVA FL 33920			1.4 CITY-ST-ZIP	ALVA, FL 33920		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	Vice Pres, Treas, Asst Sec	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEYBOLD, ROBERT F JR			2.2 NAME	SEYBOLD, ROBERT F. JR.		
STREET ADDRESS	2417 CRESCENT CT. E.			2.3 STREET ADDRESS	2417 Crescent Ct. E.		
CITY-ST-ZIP	BRADENTON FL 34208			2.4 CITY-ST-ZIP	Bradenton, FL 34208		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOTT, R C			3.2 NAME			
STREET ADDRESS	HCR 63 BOX 229			3.3 STREET ADDRESS			
CITY-ST-ZIP	YELLEVILLE AR 72887			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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:  **1/28/98 901-728-2474**

CR2E034 (10/97)