

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

FILED
May 05 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 # **J30950** (6)
1. Corporation Name
THE GARDEN MENAGERIE, INC.



Principal Place of Business
**5110 BROADWAY AVE
TAMPA FL 33614
US**

Mailing Address
**P.O. BOX 271236
TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1986	
21	Suite, Apt. #, etc	26	2917 W. Bay Villa	4. FEI Number 59-3342409	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Tampa FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33619	25	Country	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	
29	33611	30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HEINY, STELLA L 3442 HUNTERS RUN LANE TAMPA FL 33614		81 Name Reg. W. Cohn	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 3321 Henderson Blvd	
		84 City Tampa FL 85 Zip Code 33609	

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]* (NOTE: Registered Agent signature required when reinstating) DATE **4/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST D
NAME	HEINY, RUDOLPH F.	1.2 NAME	
STREET ADDRESS	2917 W BAY VILLA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HEINY, STELLA L	2.2 NAME	
STREET ADDRESS	3442 HUNTERS RUN LAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 its 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 in attachment with an address.

SIGNATURE *[Signature]* DATE **4/24/98** **12-747-7665**

CR2E034 (10/97)