

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 10/2

97 AUG 13 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J35559 (0)  
1. Corporation Name  
HILLSIDE NURSERY AND GARDEN CENTER, INC.

Principal Place of Business Mailing Address  
7200 ROSEMARY LANE 7200 ROSEMARY LANE  
PT ST. LUCIE FL 34952 PT ST. LUCIE FL 34952  
US US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/30/1986 05/01/1996  
4. FEI Number 59-2724088 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent  
BAUM, ROBERT M.  
7200 ROSEMARY LANE  
PT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent  
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P BAUM, ROBERT M 7200 ROSEMARY LANE PT ST LUCIE FL  
S BAUM, KATHLEEN S 7200 ROSEMARY LANE PT ST LUCIE FL  
DELETE  
DELETE  
DELETE  
DELETE  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP  
400002271124-2  
-08/19/97-01040--008  
\*\*\*\*165.00 \*\*\*\*165.00  
A. Alaw  
8/13/97

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.

CR2E034 (4/97)

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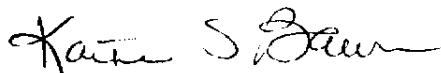
To: Florida Dept. Of State  
From: Hillside Nursery and Garden Center, Inc.  
Date: July 22, 1997  
Regarding: Corporate Annual Report

Back in June, I telephoned your department and spoke with a Mr. Sean Toner regarding the filing of our annual report for 1997. In speaking With Mr. Toner, I learned the forms had already gone out and were due in your department. I indicated that I had never received the form and Mr. Toner said a Second notice would be coming in the mail shortly. He indicated to me that I needed to write this letter explaining that I had never received the first notice and I would not be charged according to the late fee.

I have enclosed a check in the amount of one hundred and sixty-five dollars, check number 0101, to cover the filing fee for Hillside Nursery and Garden Center, Inc.

Please contact me if you have further questions.

Kathleen S. Baum



Secretary

Hillside Nursery and Garden Center, Inc.  
7200 Rosemary Lane  
Port St. Lucie, Fl 34952  
(561)-871-5636