

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90065 017 ***150.00

DOCUMENT # J84071

1. Corporation Name
HERBONICS, INC.

Principal Place of Business

20025 S.W. 270TH ST
HOMESTEAD FL 33031
US

Mailing Address

P.O. BOX 901506
HOMESTEAD FL 33090-1506
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1987

4. FEI Number

59-2830685

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HANSON, CARL
48 N.E. 15TH STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
ABIGAIL WATTS-FITZGERALD, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
STEEL HECTOR & DAVIS

83 200 SOUTH BISCAYNE BOULEVARD

84 City
MIAMI

FL 85 Zip Code
33131

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

ABIGAIL WATTS-FITZGERALD, P.A. 4/13/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ST. ANDRE, JERRY
20025 SW 270 ST.
HOMESTEAD FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEE, MARJORIE
20025 SW 270 ST.
HOMESTEAD FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PTD
BRIAN CADIEUX
20025 SW 270 STREET
HOMESTEAD FL 33031

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CD
GOBIND SAHNEY
20025 SW 270 STREET
HOMESTEAD FL 33031

Change Addition

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

D
DAVID HUGHES
20025 SW 270 STREET
HOMESTEAD FL 33031

Change Addition

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

D
JOE CAMBI
20025 S W 270 STREET
HOMESTEAD FL 33031

Change Addition

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

SVPD
KENT HATTERY
20025 SW 270 STREET
HOMESTEAD FL 33031

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/31/99

(305) 248-3125

Date

Daytime Phone #