FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

19	996	DIVISION OF	- CORPOR	TATIO	142				
DOCUM 1. Corporation N		3 (3)							
FLORIDA	BEDDING PLANTS, INC.	•							
Principal Place of	f Business	Mailing Address				J 1887110 BJØ1 IDNA 19110 BIJR1 JANAS	litt attr: Arbit ara		1811 61911 1661
8087 PALOMIN	8087 PALOMINO DRIV								
LAKE WORTH I	FL 33467	LAKE WORTH FL 334	ю,			3. Date Incorporated or Qualified	3a. Date of l	ast Re	port
						08/26/1987	05/0		
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			pplied For
η		26				59-2843943	•		Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution			to Fees
Ζφ	Country	Zip		ountry		This corporation has liability for Florida Statutes X Yes	intangibie tax ui	idei s	188.002
4	25 9. Name and Address of Curre	29	30	·		10. Name and Address of New F		nt	
<u> </u>	9. Name and Address of Curre	in negistered Agent		81	Name				
AM LED 1	MALIN V			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
MILLER, F			L	Oli Oct 7 loc					
	Lomino drive Orth FL 33467			83					
LARE WORTH TE COMM				84	City		FL	35 Zı	p Code
				L_	<u> </u>	oration submits this statement for the pu ard of directors. I hereby accept the app	mana of oboog	iog its r	registered office
CONTRACTOR	ad agent, or both, in the state of mo h, and accept the obligations of, Ser Signature, byted or printed name of registercolage	ort and little if applicable	(NOTE Regist	ered Age	ert signature requir	ed when reinstaling: ADDITIONS/CHANGES TO OF	DATE FICERS AND D	RECTO	ORS IN 12
12.		ND DIRECTORS		. 1 TITLE		Tropino or a series		Change	Addition
TITLE	PTS DAIL V		l.	2 NAME					
NAME STREET ADDRESS	MILLER, PAUL V. 8087 PALOMINO DR.		1	.3 STREE	1 ADDRESS				
CITY - ST-ZIP	LAKE WORTH FL		1	1.4 CiTY - ST - ZIP				Change	☐ Addition
TIFLE	VD	☐ DELETE	□ DELETE 2				L	Change	☐ Addition
NAME	MILLER, PAUL V.			2 NAME	1				
STREET ADDRESS	8087 PALOMINO DR.				ET ADDRESS				
CITY - ST - ZIP	LAKE WORTH FL	DELETE	_	2.4 CHY- 3. 1 THU				Change	Addition
TITLF		[] Direct		3. 1 1010 3.2 NAMI	ļ				
NAME					EET ADDRESS				
STREET ADDRESS					- ST-ZIP				E Marie
CITY - ST - ZIP TITLE		☐ DELETE		4. 1 TITL				Change	Addition
NAME				4.2 NAM	E				
STREET ADDRESS			- 1		ET ADDRESS				
CITY - ST - ZIP		FIGURE			- ST - ZIP		П	Change	Addition
THILE		☐ DELETE		5. 1 TITU 5.2 NAM			لسو	-	_
NAME					EET ADDRESS				
STREET ADDRESS					r-ST-ZIP				
CITY-ST-ZIP		DELETE		6 1 TIT				Change	e 🔲 Addition
TITLE NAME		—	1	6.2 NAN	NE				
STREET ADDRESS				6 3 STR	EET ADDRESS				
CITY-SI-ZIP				6.4 CH	Y - ST - Z1P	fy for the exemption stated in Section 1	19.07/3Vkl Flor	da Sta	tutes. I further
		والأسرة ومسترا مستراحك والرابع المتراجع المتراجع المتراجع		and d	one not cutald	IV IOI ME EXEMPLION STATED IN OCCION I	, o.o. to/my, i lot		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapted, or on an attachment with an address.

SIGNATURE:

~1-10-96 (407) 433 3330