FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** HUDRIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** J94433 (6)TREES FOR KIDS, INC. Principal Place of Business Mailing Address % THOMAS R. SAWYER % THOMAS R. SAWYER 6550 N FEDERAL HWY #220 6550 N FEDERAL HWY #220 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0004432 Not Applicable Suite, Apt. #, etc. buite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip **Country** Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. I ⊓ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAWYER, THOMAS R. Name 6550 N FEDERAL HWY #220 Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33308 83 ∠ip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Sanature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Addition SAWYER, THOMAS R. NAME 1.2 NAME 6550 N FEDERAL HWY #220 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL. CITY-ST-7/P 1.4 CITY-\$1-ZiP DELLE 71711 21 ITTLE Change Addition NAME 2 P NAME STREET ADDRESS, 2.3 STHEET ADDRESS CITY-SI-7P 2.4 CITY-57-2IP TITLE DELFIE 31 IOUE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET AUDRESS CITY-SI-ZIP 3.4. CITY - ST - ZIP TITLE \_\_ DELL'IE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S(-ZIP 4.4 CITY - ST - ZIP ITTLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CTTY-ST-ZIP 5.4 CITY-51-7/P HHLE DELLITE 61 IIII E Change Addition NAME 6.2 NAME STREET ADDRESS bus STREET ADDRESS 6.4 CITY - \$1 - ZIP 14. Thereby certify that the information supplied with this filling 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. 1-26-78 SIGNATURE: