1999

1. Corporation Name

DOCUMENT # **J99201**



FLORIDA DEFARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secr∈tary of State

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90159 012 ***150.00



HORTUS BOTANICUS, INC.						
					PROBLEM DING TENEN TOREN LINKE DELEN FLOR DIGHT DERHE ARDIT DERHE ARDIT HER ALDIT ARDIT ARDI	1881
Ì						m
Principal Place	e of Business	Mailing Address				1861
C/O DANIEL M. ANDREWS C/O R. ANDERSON MADDOX.			P.A.			
5378 SOUTH HIGHWAY 441 201 SOUTH ORANGE AVE ST						
LEESBURG FL 32788 ORLANDO FL 32801					DO NOT WRITE IN THIS SPACE	
us us					3. Date Incorporated or Qualifed	
		C/O R ANDERSON	MAD	DOX P.A.	. 10/23/1987	
2. Principal Pl	lace of Business	2a. Mailing Address		•	4. FEI Number Ar plied Fo	
21 26 37 NORTH ORA		NGE AVENUE_		59-2851612 Nct Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	al
22		27 Suite 500			Fee REquired	
City & State	e	City & State	- A	_	6. Election Campaign Financing \$5.00 May Be	•
23			328		Trust Fund Contribution Added to Fees	
Zip	Co. ntry	Zip	Country	,	8. This corporation owes the current year Intangible	
24	25	29 32801 30	n.	SA	Persc nal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent	0.4		10, Name and Address of New Registered Agent	
MADDOX, R. ANDERSON ESQ			81	Name		
			82	Street_Addr	idress (P.O. Bcx Number is Not Acceptable) North Orange Avenue	
-201 SOUTH ORANGE AVENUE-						
-9TE: -1250 -			83	Suit	te 500	
ORLANDO FL 32801			84	City	85 Zip Code	
					PL	
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 flimiter with, and accept the abbiguitions of Section 607.0505, Florida Statutes.						
office or registerer agent, or both, in the glate or Florida. Such change was authorized by the corporation's board or directors. Thereby accept the applications of, Section 607.0505, Florida Statutes.						
SIGNATURE	KINDRUKA	00			4-8-79	
SIGNATURE	Signature, typed or printed r ame of registered agent	and tipe if applicable. (NCTE: Reg	istered Age	nt signature re juire	ured when reinstating) DATE	
12.	OFFICERS AND		13.		ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	VTD	☐ DELETE	1,1 TITLE		☐ Change ☐ A	ddition
NAME	STEPHENSON, BRIAN		1.2 NAME			
STREET ADDFESS			1.3 STREE	TADDRESS		
CITY-ST-ZIP	PEMBROKE, BERMUDA HM06		1.4 CITY-5	ST-ZIP		
TITLE	PSD □ DELETE 2:		2.1 TITLE	Ì	☐ Change ☐ A	ddition
NAME	GRIFFITHS, MALCOLM D.		2.2 NAME			
STREET ADDFESS	16 RUNWAY LANE		2.3 STREE	TADDRESS		
CITY-ST-ZIP	SOMERSET BEKMUDA M	A OI	2. 4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		Change A	ddition
NAME	HARRISON, KENNETH DAVID		3.2 NAME			İ
STREET ADDRESS	C/O PURE WATER TCI LTD BUS	SINESS PARK	33 STREE	T ADDRESS		\
CITY-ST-ZIP	PROVIDENCIALES TURKS & C		34 CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A	ddition
NAME			4 2 NAME			
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP			4.4 CITY-5			
TITLE	<u> </u>	☐ DELETE	5.1 TITLE	-	☐ Change ☐ A	ddition
NAME			5.2 NAME			Ì
STREET ADDRESS				T ADDRESS		
			54 CITY-5	Ì		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	+-	☐ Change ☐ A	ddition
TITLE			6.2 NAME			
NAME				T ADDRESS		-
STREET ADDRESS			0.001REE	I ADDRESS		1

14. I here by 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 signa une 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Staphenson BRIAN S.
SIGNAI URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN STEPHENSON

April 12 1999 (1:41)-295-9856