

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K03625** (6)  
1. Corporation Name  
**PARAMOUNT NURSERY, INC.**

Principal Place of Business <b>11334 N. 172ND PL JUPITER FL 33478 US</b>	Mailing Address <b>3620 OAKVIEW CT. THE HAMLET DELRAY BEACH FL 33445 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>11/24/1987</b>	
24		25		4. FEI Number <b>65-0014100</b>	
29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GRAYSON, HOWARD H. 3620 OAKVIEW COURT THE HAMLET DELRAY BEACH FL 33445</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAYSON, HOWARD H.			1.2 NAME			
STREET ADDRESS	3620 OAKVIEW CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, TOM			2.2 NAME			
STREET ADDRESS	17060 113TH DR., N.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAYSON, ANN G.			3.2 NAME			
STREET ADDRESS	3620 OAKVIEW CT.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TABORI, DARLA S.			4.2 NAME			
STREET ADDRESS	9136 SE APOLLO			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33445			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRAYSON, JEFFREY			5.2 NAME			
STREET ADDRESS	375 DOUGLAS AVE-SUITE 1002			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Elizabeth Frasca			6.2 NAME			
STREET ADDRESS	888 Washington Street			6.3 STREET ADDRESS			
CITY-ST-ZIP	Dedham, Mass. 02026			6.4 CITY-ST-ZIP			

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.

SIGNATURE \_\_\_\_\_ 1-28-98 561-746-4646

CR2E034 (10/97)