

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 OCT 22 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K17424 (8)

1. Corporation Name  
BOTANICA DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business  
240 CRANDON BLVD.  
SUITE 106  
KEY BISCAYNE, FL 33149

Mailing Address  
240 CRANDON BLVD.  
SUITE 106  
KEY BISCAYNE, FL  
33149

AMENDMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
		03/02/1998	65-0040325	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>	
23	28	8. This corporation owes or has paid the current year intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIENE, H. JOSEPH  
240 CRANDON BLVD., SUITE 202  
KEY BISCAYNE, FL 33149

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
	800002674958--2	-10/28/98--01088--D10	*****61.25 *****61.25
		FL	85 Zip Code

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICIA KOENIG	1.2 NAME	SCHARENBERG, FRIITZ E.
STREET ADDRESS	240 CRANDON BLVD., SUITE 212	1.3 STREET ADDRESS	101 CRANDON BLVD S-175
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIENE, H. JOSEPH	3.2 NAME	
STREET ADDRESS	240 CRANDON BLVD., SUITE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

Sept. 4TH 1998

CR2E034 (5/98)