

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K25691**

(2)

1. Corporation Name

TROPICAL PLANT DEPOT, INC.



Principal Place of Business

**28405 SW 185TH AVE
HOMESTEAD FL 33030**

Mailing Address

**28405 SW 185TH AVE
HOMESTEAD FL 33030**

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

27

City & State

City & State

28

Zip

Zip

24

Country

29

Country

30

3. Date Incorporated or Qualified
06/08/1988

3a. Date of Last Report
04/21/1995

4. FEI Number

65-0060960

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

**FLEISCHFRESSER, MARVIN H
28405 S W 185TH AVE/
HOMESTEAD FL 33030**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature typed or printed name of signing officer and the date of filing

DATE
4/10/96 Registered Agent's signature required when changing

DATE

12. OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHFRESSER, MARVIN H	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	28405 S W 185TH AVE	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HOMESTEAD FL	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE					
STREET ADDRESS		<input type="checkbox"/> DELETE					
CITY-ST-ZIP		<input type="checkbox"/> DELETE					
TITLE		<input type="checkbox"/> DELETE					
NAME		<input type="checkbox"/> DELETE					
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CITY-ST-ZIP		<input type="checkbox"/> DELETE					
TITLE		<input type="checkbox"/> DELETE					
NAME		<input type="checkbox"/> DELETE					
STREET ADDRESS		<input type="checkbox"/> DELETE					
CITY-ST-ZIP		<input type="checkbox"/> DELETE					

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 or powered 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: *M. Fleischfresser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96

305-248-0746

Date

CR2E034 (12/95)