

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 21 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K27968 (2)**

1. Corporation Name  
**B & T EXOTIC SCENERY, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 570866 MIAMI FL 33257-0866**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/05/1988** 7e. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number **65-0063291** 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. 190.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUCKFIELD, ILENE F., ESQ.  
12720 SW 147TH STREET  
MIAMI FL 33186**

81. Name  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **TUCKFIELD, JACK G., JR.**  
STREET ADDRESS **12720 SW 147TH STREET**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VPD**  
NAME **TUCKFIELD, ILENE F.**  
STREET ADDRESS **12720 SW 147TH STREET**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **VPD**  
NAME **BROWN, ELIZABETH**  
STREET ADDRESS **20611 SW 127TH AVENUE**  
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE  Change  Addition  
3.2 NAME **Brown, Elizabeth**  
3.3 STREET ADDRESS **20611 SW 127 Ave**  
3.4 CITY - ST - ZIP **MIAMI, FL**

TITLE **D**  
NAME **BROWN, ELLIS**  
STREET ADDRESS **20611 SW 127TH AVENUE**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 110.07(3)(b), 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: \_\_\_\_\_ DATE: **4/17/95** TELEPHONE: **305-251-6650**