

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K27968 (2)**  
1. Corporation Name  
**B & T EXOTIC SCENERY, INC.**



Principal Place of Business: P.O. BOX 570966 MIAMI FL 33257-0966  
Mailing Address: P.O. BOX 570966 MIAMI FL 33257-0966

3. Date incorporated or Qualified: **07/05/1988**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **65-0063291**  
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

9. Name and Address of Current Registered Agent: **TUCKFIELD, ILENE F., ESQ. 12720 SW 147TH STREET MIAMI FL 33186**  
10. Name and Address of New Registered Agent (81-85) fields.

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: PD	NAME: TUCKFIELD, JACK G., JR. STREET ADDRESS: 12720 SW 147TH STREET CITY-STATE-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-STATE-ZIP: _____
TITLE: VPD	NAME: TUCKFIELD, ILENE F. STREET ADDRESS: 12720 SW 147TH STREET CITY-STATE-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-STATE-ZIP: _____
TITLE: D	NAME: BROWN, ELIZABETH STREET ADDRESS: 20611 SW 127TH AVENUE CITY-STATE-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-STATE-ZIP: _____
TITLE: D	NAME: BROWN, ELLIS STREET ADDRESS: 20611 SW 127TH AVENUE CITY-STATE-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-STATE-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-STATE-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-STATE-ZIP: _____

*VP, D. Sec of Treasury  
Tuckfield, Ilene F.  
12720 SW 147 ST.  
MIAMI, FL 33186*

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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address:

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ilene F. Tuckfield, VP**

Date: **5/15/96** Signature: **305-251-6650**

CR2E034 (12/95)