Mar 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K37048

1, Corporation Name

OUTDOOR GARDENS, INC.

Principal Plac	e of Business	Mailing Address			RIEN OLDN BERN D	1011 B1811 1801
1961 NE 147 TERR		1961 NE 147 TERR				
N MIAMI FL 33181		N MIAMI FL 33181				
U\$		US		DO NOT WRITE IN THI	S SPACE	 1
				 Date Incorporated or Qualified 10/06/1988 		ì
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Ap	plied For
21	lace of Dusiliess	26		65-0082247	 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	····		\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li		
24	25		30	Personal Property Tax.	/=\	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent	
HAG	EN, MAX M.		OI Name			
HAGEN AND HAGEN 3990 SHERIDAD ST. #104		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
			83			
	LYWOOD FL 33021		[83]			
			84 City	F	85 Zip (Code
dd Diamannt	to the provisions of Coations 607 OF	02 and 607 1509 Elected Statute	ne the above named con	poration submits this statement for the purpose of	_	registered
office or r	registered agent, or both, in the State	e of Florida. Such change was au	ithorized by the corporat	ion's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flore	ída Statutes.			ĺ
				•		
SIGNATURE		ALOTE: AL	Desire de Anna de La companya de La	DATE		
	Signature, typed or printed name of registered age		Registered Agent signature require		ND DIRECTO	
12.	OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature requirements 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12. TITLE	OFFICERS A	ND DIRECTORS	13.			
12. TITLE NAME	OFFICERS AND DESCRIPTION OF BLECHMAN, DONALD	ND DIRECTORS	13. 1.1 TITLE			
12. TITLE NAME STREET ADDRESS	OFFICERS AI DP BLECHMAN, DONALD 1961 NE 147 TERR	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS			
12. TITLE NAME	OFFICERS AND DESCRIPTION OF BLECHMAN, DONALD	ND DIRECTORS	13. 1.1 TITLE 12 NAME			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI DP BLECHMAN, DONALD 1961 NE 147 TERR N. MIAMI FL DST	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI DP BLECHMAN, DONALD 1961 NE 147 TERR N. MIAMI FL DST BLECHMAN, MANYA G.	ND DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP BLECHMAN, DONALD 1961 NE 147 TERR N. MIAMI FL DST BLECHMAN, MANYA G.	ND DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI DP BLECHMAN, DONALD 1961 NE 147 TERR N. MIAMI FL DST BLECHMAN, MANYA G. 1961 N.E. 147 TERRACE	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS		☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BLECHMAN, DONALD 1961 NE 147 TERR N. MIAMI FL DST BLECHMAN, MANYA G. 1961 N.E. 147 TERRACE N. MIAMI FL D SHERBILL, BARBARA B.	ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BLECHMAN, DONALD 1961 NE 147 TERR N. MIAMI FL DST BLECHMAN, MANYA G. 1961 N.E. 147 TERRACE N. MIAMI FL D SHERBILL, BARBARA B.	ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change	☐ Addition
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6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 of supplierhental 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 of trustee efficiency and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all address, with all other like empowered.