FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39370** **(7)**

1. Corporate Name

S & W NURSERY II, INC.

Principal Place of Business	Mailing Address
C/O STEVEN WOLF 288-Z SMITH SUNDAY ROAD DELRAY BEACH FL 33446	C/O STEVEN WOLF 288-Z SMITH SUNDAY ROAD DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1988**

3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **65-0107863** ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S., ESQ.
MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1908, 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: (required if this is a change of registered agent; registered agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
2 NAME	WOLF, STEVEN	2 NAME	
3 STREET ADDRESS	288-Z SMITH SUNDY ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	DELRAY BEACH FL	4 CITY ST ZIP	
5 TITLE	VD	5 TITLE	☐ Change ☐ Addition
6 NAME	WEISINGER, ALBERT	6 NAME	
7 STREET ADDRESS	1575 OCEAN LANE #278	7 STREET ADDRESS	
8 CITY ST ZIP	FT. LAUDERDALE FL	8 CITY ST ZIP	
9 TITLE	SD	9 TITLE	☐ Change ☐ Addition
10 NAME	LEGUM, E. WAYNE	10 NAME	
11 STREET ADDRESS	6284 W. BOYNTON BCH. BL.	11 STREET ADDRESS	
12 CITY ST ZIP	BOYNTON BEACH FL	12 CITY ST ZIP	
13 TITLE	D	13 TITLE	☐ Change ☐ Addition
14 NAME	GIRARDI, ALFRED	14 NAME	
15 STREET ADDRESS	75 JACKSON AVENUE	15 STREET ADDRESS	
16 CITY ST ZIP	SYOSSET NY	16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] Steven Wolf 4/26/95 407 496 1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430252 FP