

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name PLANTS PIZZAZZ INC.	K56470
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Principal Place of Business 4572 Avocado Blvd R. P. Box F133411	Mailing Address P. O Box 1328 Loxahatchee FL 33470
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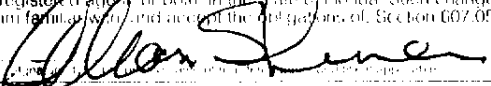
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
4. FEI Number 650107759	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

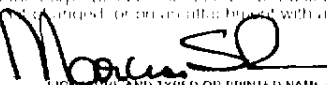
9. Name and Address of Current Registered Agent ALAN G. SHINER 4572 Avocado Blvd Royal Palm Bch 33411	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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 instituting)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
☐ DELETE						☐ Change ☐ Addition					
11 TITLE President											
12 NAME ALAN G. SHINER											
13 STREET ADDRESS 4572 Avocado Blvd											
14 CITY, ST, ZIP Royal Palm Bch 33411											
☐ DELETE						☐ Change ☐ Addition					
21 TITLE Vice President											
22 NAME MARIA SHINER											
23 STREET ADDRESS 4572 Avocado Blvd											
24 CITY, ST, ZIP Royal Palm Bch 33411											
☐ DELETE						☐ Change ☐ Addition					
31 TITLE											
32 NAME											
33 STREET ADDRESS											
34 CITY, ST, ZIP											
☐ DELETE						☐ Change ☐ Addition					
41 TITLE											
42 NAME											
43 STREET ADDRESS											
44 CITY, ST, ZIP											
☐ DELETE						☐ Change ☐ Addition					
51 TITLE											
52 NAME											
53 STREET ADDRESS											
54 CITY, ST, ZIP											
☐ DELETE						☐ Change ☐ Addition					
61 TITLE											
62 NAME											
63 STREET ADDRESS											
64 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 or supplement thereto 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, as requested, or on an affidavit with an address.

SIGNATURE: 	MARIA SHINER V. Pres. 6/10/98	567903465
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CR2E034 (10/97)