


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K91395 (9)		
1. Corporation Name TREES OF DELRAY, INC.		

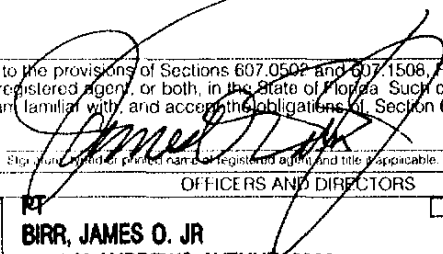


Principal Place of Business 2101 NORTH ANDREWS AVENUE SUITE 200 FT LAUDERDALE FL 33311 US	Mailing Address 2101 NORTH ANDREWS AVENUE SUITE 200 PORT LAUDERDALE FL 33311-3694 US
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2. Principal Place of Business 21 600 Northeast 3rd Avenue Suite, Apt. # etc. 22 City & State 23 FT. LAUDERDALE, FL 24 Zip 33304 25 Country USA		2a. Mailing Address 26 600 Northeast 3rd Avenue Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE, FL 29 Zip 33304 30 Country USA		3. Date Incorporated or Qualified 05/26/1989	3a. Date of Last Report 04/22/1996
		4. FEI Number 65-0152366		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BIRR, JAMES O., JR. 2101 N ANDREWS AVENUE SUITE 200- FT. LAUDERDALE FL 33311				10. Name and Address of New Registered Agent 81 Name BIRR, JAMES O., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 600 NORTHEAST 3RD AVENUE 83 84 City FT. LAUDERDALE FL 85 Zip Code 33304			
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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  **James O. Birr, Jr., Registered Agent** 4/9/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRR, JAMES O. JR	1.2 NAME	BIRR, JAMES O. JR
STREET ADDRESS	2101 N ANDREWS AVENUE #200- FT LAUDERDALE FL	1.3 STREET ADDRESS	600 NORTHEAST 3RD AVENUE
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33304
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRR, ANN L.	2.2 NAME	BIRR, ANN L.
STREET ADDRESS	2101 N ANDREWS AVENUE SUITE 200- FT LAUDERDALE FL	2.3 STREET ADDRESS	600 NORTHEAST 3RD AVENUE
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33304
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 registered or trustee and 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:  **James O. Birr, Jr.** President 3/21/97 954-525-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)