

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L18171** (3)

1. Corporation Name

K-NURSERY, INC.



Principal Place of Business

P.O. BOX 938
PLYMOUTH FL 32678-0938

Mailing Address

P.O. BOX 938
PLYMOUTH FL 32678-0938

2. Principal Place of Business	2a. Mailing Address
21 1807 PLYMOUTH SORRENTO RD	26 741 RIVERBEND BLVD
22 Suite, Apt. #, etc APOPEA	27 Suite, Apt. #, etc LONGWOOD
23 City & State FLORIDA	28 City & State FLORIDA
24 Zip 32712	29 Zip 32779
25 Country ORANGE	30 Country SEMINOLE

3. Date Incorporated or Qualified 09/21/1989	3a. Date of Last Report 03/20/1995
4. FEI Number 59-2975611	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 s. 199.032, Florida Statutes ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

KWANG, KIM LEE
741 RIVERBEND BLVD.
LONGWOOD FL 32779

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 607.0502 and 607.1505, 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

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	KIM, LEE K.	2. NAME	
STREET ADDRESS	741 RIVERBEND BLVD.	3. STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL	4. CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KIM, KYUNG H.	2.2 NAME	
STREET ADDRESS	741 RIVERBEND BLVD.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(a), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96

(407) 886 5032

CR2E034 (12/95)