

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L85199 (2)

1. Corporation Name

FLORICO FOLIAGE CORP.



Principal Place of Business

3914 HOGSHEAD RD POB 990  
SUITE 865  
APOPKA FL 32704

Mailing Address

3914 HOGSHEAD RD POB 990  
SUITE 865  
APOPKA FL 32704

3. Date Incorporated or Qualified

07/05/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 888 E. Keene Rd.

26 P.O. Box 990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Apopka, Florida

28 Apopka, Florida

Zip

Country

Zip

Country

24 32703

25

29 32704-0613

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKS, ROBERT O.  
200 E. ROBINSON STREET, SUITE 865  
ORLANDO FL 32801

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 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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
MCCOMAS, HUGH G  
503 CERRA ST  
SANTRUCE PR

DELETE

VP  
MCCOMAS, JOHN M  
GARDEN HILLS BLUEHILLS  
QUAYNABO PR

DELETE

S  
MCCOMAS, DANIEL F  
2495 GREENWELL CT  
WILMINGTON NC

DELETE

C  
BERRIOS, GIL JR  
1390 SHEELER RD  
APOPKA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

7.1 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

8.1 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

9.1 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

(407) 886-5004

CR2E034 (12/95)