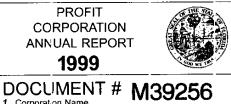
PROFIT CORPORATION ANNUAL REPORT

1999

PLANTS OF EDEN, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90161 007 ***158.75

|--|

Principal Place	e of Business		Mailing Address				- ''	18 Braeur 168 striß 1811A 1186				
18800 SW 24)	18800 SW 240 ST											
HOMESTEAD FI	L 33031		HOMESTEAD FL 33031			DO NOT WRITE IN THIS SPACE						
							1	n corporated or Qualif	ed			
2 Driegian D	loop of Rusinana		2a. Mailing Address				4. FEI Nu				App	led For
2. Principal Place of Business											Applicable	
Suite, Art. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional						
Suite, Apr. #, etc.			27			5. Certifo	ate of Status Desired		Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 Nay					
23			28			Trust Find Contribution Added to Fees						
Zip Country			Zip Country				8. This co poration owes the current year Intangible Personal Property Tax Yes No					
24	25		29 30					Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent				.3140
	9. Name and Addres	s of Current Re	gistered Agent		81	Name	10. Name	and Address of Ne	w Kegistere.	Agent		
HIE	JOSEPH E.											
18300 S.W. 240TH STREET				82 Street Ad Ir			iress (P.O. Bo)	Number is Not Acce	eptable)			
HCM	ESTEAD FL 33031				83							
•				}	84	City				85	Zip C	ode
						•			F	_		
office o∷r agent. I a	to the provisions of Section egistered agent, or both, in familiar with, and accep	in the State of F	lorida. Such change was	authorized	by t	he corpora:	ion's board of	d rectors. I hereby ac	cept the app	ntment	as reg	istered
SIGNATURE	Signature, typed or printed name of	f registered agent and	title if applicable (NO1	: Registered .	Agent	signature requir	ed when reinstating)		DATE			
12.)F	FICERS AND D	IRECTORS	13.			ADDITIO	NS/CHANGES TO	OFFICERS A	ND DIRE	CTOF	
TITLE	DP		☐ DELETÉ	1,1 TIT	LE					Cha	ange	Addition
NAME	lue, Joseph E.			12 NA	ME							
STREET ADDRESS	13805 N.E. 10TH AV	E.		1.3 STI	REET	ADDRESS						
CITY-ST-ZIP	NORTH MIAMI FL			1.4 CIT	Y-ST	ZIP		- 				
TITLE	D		☐ DELETE	2.1 TIT	LE					Cha	ange	☐ Addition
NAME	lee, debra a.			2.2 NA	ME							
STREET ADDRESS	13805 N.E. 10TH AV	Ę.		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	NORTH MIAMI FL			2. 4 Cl	TY- S1	-ZIP		- 				
TITLE	STD	-	☐ DELETE	3.1 TIT	LΕ					☐ Cha	ange	☐ Addition
NAME	Lee, stephen M.			32 NA	ME							
STREET ADDRESS	13805 N.E. 10TH AV	E.		3.3 ST	REET	ADDRESS						ŀ
CITY-ST-ZIP	NORTH MIAMI FL			34 CI	•	-ZIP						
TITLE	VD		☐ DELETE	4 1 TIT	LΕ	1				Cha	ange	Addition
NAME	Martin, John S			4 2 NA	ME							
STREET ADDRESS				4 3 ST	REET	ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES F	L 33028		4.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	5.1 TIT						☐ Cha	ange	Addition
NAME				5.2 NA								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				5.4 CIT		-ZIP						TANKE.
TITLE			☐ DELETE	6.1 TIT						Cha	ange	☐ Addition
NAME	I			6.2 NA								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				6.4 CIT	Y-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 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 recuired 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 with a typical like empowered.

SIGNATURE:

305-248-4756

CR2E034 (11/98)